

CITY AND COUNTY OF BRISTOL

ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH, 1945

My Lord Mayor, Ladies and Gentlemen,

I have the honour to submit my report on the state of the public health and sanitary circumstances of the city for the year 1945.

The Ministry of Health in Circular 28/46, dated 11th February, 1946, have suggested that the report shall follow the lines of the previous war years, and for reasons of economy in paper and labour, be in abridged form. Among the subjects of current interest which the Minister wishes to be included are tuberculosis, including the allowances scheme, venereal disease, including tracing of contacts and follow-up of defaulters, the care of premature infants and illegitimate children, and steps taken to combat infestation. The Minister also requires the inclusion of a statement as to whether the water supply of the area has been satisfactory.

The report is arranged in two main parts: (a) a summary of the work of the department during the year; (b) appendices, including special reports and statistics.

To the chairmen and members of the various committees, particularly to the Chairmen of the Health and Education Committees, and also to the chief officers of the Corporation, I am indebted for the courtesy they have continued to show me at all times. I wish to thank sincerely my colleagues in the Health Department for their loyalty and willing help.

It is with great regret that I refer to the deaths of Alderman Wise and Mr. Josiah Green during the year under review.

Alderman Wise was elected to the Council in September, 1921, and was appointed a member of the Health Committee in November of that year, so that he was associated with the work of the Committee during the whole of his long service with the Council. He was Vice-Chairman for many years and showed particular interest in the management of the farms and gardens attached to the various institutions under the Council's control, where his expert knowledge proved of great service. His work on the Health Committee was a valued contribution to the development of the health services of the city.

Mr. Josiah Green was appointed Town Clerk on the 1st January, 1926, and showed a keen interest in the work of the Committee. The tactful and efficient manner in which he dealt with the many problems which confronted the Committee from time to time was instrumental in bringing to successful fruition a large number of schemes which has resulted in the expansion of the health services to their present dimensions.

His advice was eagerly sought by the Committee and the officers in solving their difficulties and his sudden passing deeply grieved all with whom his work brought him in contact.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient Servant,

R. H. PARRY,

Medical Officer of Health.

I. VITAL STATISTICS.

Tables covering the vital statistics of the city are included in the Appendix, pages 82-90. These figures are based on information supplied by the Registrar-General, who has directed attention to the fact that the estimates of the numbers and distribution of the non-civilian population are not available and that non-civilian deaths and non-civilian notifications are excluded. The estimated population from 1940 onwards is therefore the civilian population only, and the various rates calculated on this basis are in consequence slightly over-stated.

| | | |
|--|-----|---------|
| Estimated civilian population (mid-year) | ... | 414,320 |
| Marriages | ... | 3,919 |
| Rate per 1,000 population | ... | 18.92 |
| Births | ... | 7,027 |
| Rate per 1,000 population | ... | 16.96 |
| Stillbirths | ... | 177 |
| Rate per 1,000 total births | ... | 25.0 |
| Deaths | ... | 4,805 |
| Rate per 1,000 population | ... | 11.60 |
| Natural increase per 1,000 population | ... | 5.36 |
| Deaths under 1 year | ... | 245 |
| Rate per 1,000 births | ... | 35 |
| Deaths under 1 month | ... | 140 |
| Rate per 1,000 live births | ... | 20 |
| Deaths from puerperal causes | ... | 9 |
| Rate per 1,000 total births | ... | 1.25 |

In the following short paragraphs are mentioned the principal features of the published figures.

Population.

With the above reservations the population of the city, as estimated by the Registrar-General at mid-1945 is 414,320, an increase of 8,790 on the figure supplied for mid-1944. This is the official figure used for the calculation of the births and deaths rates, but the latest provisional estimate of population for the city made by the Registrar-General in his published statistical review for December, 1945, shows a further increase to 425,110, the highest figure ever recorded and approximately 6,000 in excess of the pre-war population of the city.

Marriages (Rate: 18.92 per 1,000 population).

The number of marriages during the year (3,919) shows an increase of approximately 800 over the two previous years' low figures and returns to a figure about equal to the average of the immediate pre-war years.

Births (Rate: 16.96 per 1,000 population).

The Registrar-General's figures for England and Wales indicate that there has been a decrease of approximately 4% in the births registered in the great towns of England and Wales compared with the figures of 1945.

There has also been a decrease in the total number of births registered in Bristol, namely 7,909 (8,366 in 1944), a decrease of 4.6%. This figure includes 1,107 (1,204 in 1944) cases not resident in the city, but on the other hand, the number of Bristol babies born outside the boundary was 225, giving a corrected figure of total Bristol births of 7,027.

Of the total births registered in the city, 6,202 occurred in institutions, and of these 2,566 were at Southmead Hospital and 529 at Mortimer House.

Stillbirths (Rate: 25 per 1,000 total births).

There were 233 (265 in 1944) stillbirths registered. Of these, 60 were outside city cases, whilst there were four Bristol stillbirths outside the city boundary. After these adjustments the stillbirth rate works out at 25 per 1,000 total births; a new low record for the second year in succession.

Illegitimacy (Rate: 85 per 1,000 live births).

There has again been a further increase in illegitimate births in the city, both in actual number and in percentage of the total births—nearly 10% in 1945.

Once again, there has been an increase in the proportion of outside city cases to nearly 30% of the total, compared with 25% in the previous year. It may be, however, that with the return to more normal conditions the peak of this social problem has been passed, whilst the special circumstances of the enforced absence of the male partner preventing marriage is likely to be a diminishing cause of illegitimacy.

Deaths (Rate: 11.60 per 1,000 population).

The total number of civilian deaths (4,805), is in excess of last year's figure of 4,457, the rate for which proved to be near a new low record.

The above figure was arrived at after adjusting for 559 residents from other areas who died whilst staying in the city.

The Registrar-General has not yet resumed preparation of the areal comparability factor, and it is not possible therefore to compare exactly the local death rate with that for the whole country or with the mortality of other local areas. Subject to this however, the table included in the statistical appendix page 86, giving various rates for several large towns, provides some interesting comparisons with Bristol.

Natural Increase (Rate: 5.36 per 1,000 population).

The number of births during 1945 was lower than the previous year, whilst the number of deaths was higher. The natural increase in the population is less therefore than the relatively high figure recorded last year.

Infant Mortality (Rate: 35 per 1,000 live births).

Bristol, which in 1944 had a lower infant mortality rate than any other large town or city in the country, is again in a leading position with a rate equal to last year's low record. During 1945 the total number of infant deaths in the city was 300 (332 in 1944), including 66 (70 in 1944) cases not belonging to the city.

With 11 deaths of Bristol children outside the city included, the Registrar-General's adjusted figure of 245 gives an infant mortality rate of 35 per 1,000 live births for 1945.

The rate quoted is for legitimate and illegitimate births together. If the illegitimate rate is calculated separately, it will show at 62 illegitimate infant deaths per 1,000 illegitimate births, a rate almost double that amongst legitimate births. During the previous three years, the gap between the legitimate and illegitimate rates had been considerably narrowed, but this year's figures represent a return to the average relative position in the ten post-war years.

Neo-Natal Deaths (Rate: 20 per 1,000 live births).

The Registrar-General's figures for this age group are not available, but locally corrected figures show that, as in the case of infant mortality, the figures are very close to the 1944 record—18 per 1,000 live births in 1944 and 20 per 1,000 live births in 1945. Of the total deaths of infants under one year of age, 140 (57%) therefore occurred during the first month of life, principal causes of death being premature births 45%, congenital malformation 15%, and atelectasis 15%.

Maternal Mortality (Rate: 1.25 per 1,000 total births).

Maternal mortality in the city was less than the previous year's low record, when 10 Bristol mothers died from maternal causes. It is not possible, however, to accord any statistical significance to unit variations in such small figures. This year's total of 15 includes 6 non-residents, leaving an adjusted figure of 9 Bristol cases. All the deaths occurred in Bristol institutions.

II.—GENERAL PROVISION OF THE HEALTH SERVICES.

Department of Preventive Medicine (statistics pages 91-93).

Reference was made in my report last year to anticipated developments in the laboratory service provided by the Department of Preventive Medicine of the University of Bristol in agreement with the City Council. The temporary laboratory provided at Ham Green Hospital by the adaptation of a small ward was completed during the year.

There has been a considerable increase in the work of the department as shown by the number of specimens dealt with compared with the previous year. Dr. K. E. Cooper contributes a review of the work of the department, together with notes on the clinical pathological section by Dr. Dorothy Woodman (included in Appendix V, pages 59-65).

In November the University intimated their decision to appoint a full-time senior lecturer in preventive medicine for teaching and research. In order that the lecturer appointed should have the widest possible field for research, he has been granted an appointment as honorary assistant to the medical officer of health during the pleasure of the Health Committee.

A brief report by the public analyst, Mr. F. E. Needs, on the work of his department is also included in Appendix III, pages 54-56.

Health Centres (statistics pages 94-104).

The number of attendances at the health centres of 1—5-year-olds increased again last year. However, attendances at clinics in respect of ante-natal cases and children under one year of age have decreased compared with the previous year. This fluctuation is more than compensated by increased attendances by the 1—5-year-olds. This was to have been expected in view of the decrease in the number of births last year compared with the previous year's record. The fewer attendances at midwives' ante-natal sessions is accounted for partly by this factor and also by the tendency for confinements to be in hospital instead of at home.

As part of their post-war planning, the Health Committee has had under consideration a scheme for the future health centre services in Bristol. A copy of the report in which were embodied the proposals, subsequently approved in principle by the Health Committee, is included in Appendix VII, pages 67-75. Briefly, this envisaged the partitioning of the city into six main divisional areas each served by a principal health centre providing all classes of clinic service; the main divisional areas being sub-divided again to include four sub-divisional areas and thirty-three districts, with health centres providing the localised or routine services.

The acquisition of sites for the new centres has been included in the committee's five-year programme of capital expenditure so that sites may be acquired as they become available. Provision has been made in the five-year programme for the erection of buildings in seven instances and also for additions to Bedminster and Speedwell health centres. Progress will, of course, depend almost entirely on the extent to which building priorities become available.

Dental Workshop.

During the year the joint sub-committee of Health and Education Committees for the co-ordination of medical services considered a scheme for the establishment of a dental workshop to deal with all cases referred by the Corporation's dental officers.

The scheme, which was subsequently approved in principle by the Committees, proposed the appointment of a full-time dental mechanic, qualified in all branches including orthodontics, although for the time being the orthodontic (mechanics) work of the Corporation would be carried on as at present under arrangements with the Bristol Dental Hospital.

Mr. Hazell, L.D.S., will be responsible for patients requiring the service and for taking impressions, etc., whether at clinics or in the Corporation hospitals.

The dental workshop will be located at Southmead Hospital and will be furnished and equipped for the work when the rooms at present used by the Blood Transfusion Unit are vacated and available.

It is estimated that the scheme, at a cost of approximately £1,250 per annum, will show a slight saving in the existing arrangements for the supply of dentures under contract, and the advantages of the scheme are that all hospital and sanatorium patients can be treated at those institutions, whilst the dental staff will have the satisfaction of completing their work.

The accommodation problem prevented the inauguration of the scheme during the present year: it is hoped to make a start in 1946.

Hospitals.

General.

The problems of 1944 have continued into 1945. The waiting list for hospital cases, apart from temporary fluctuation, has not been appreciably reduced. The shortage of domestic workers and nursing staff is still a matter of urgency.

Some alleviation of the accommodation problem was achieved through the services of Mrs. Steele, who is a trained nurse and acting as a health visitor for this purpose. By investigating every case on the waiting list she was able to select those cases in most urgent need of hospital treatment and to advise the others on the various methods, *e.g.*, home helps service, likely to assist them in their difficulties until a bed became available. The admission of Services cases under the E.M.S. scheme had also to be strictly regulated by the prior approval of the admissions department, so that only Bristol servicemen really in need of hospital treatment were admitted to Southmead Hospital.

The transfer of Frenchay Emergency Hospital for the limited use of the Health Committee (which is referred to below) has, up to the present, allowed only slight mitigation of the overcrowding and the resultant under-staffing at Southmead Hospital.

In spite of uncertainties regarding the effect of the proposed National Health Service Bill on the management of hospitals and altered services, the Health Committee has pressed on with its plans for improvement and development. Much preparatory work has been done and when the time comes to put the schemes into operation it will be found that the Bristol health services, whether administered locally, regionally or nationally, are advantageously ordered for development. A note of recent plans is included in the following paragraphs and it may be noted here that the site for the new Bristol South Hospital has been agreed upon.

Staff.

Towards the end of the year it became a matter of extreme urgency to deal with the domestics problem by moving ward-maids from the male wards to the female wards and engaging porters to do the domestic work in the male wards.

A number of the existing porters have been promoted to ward orderlies and many orderlies with experience in the R.A.M.C. have been appointed: the matrons have undertaken to give them additional training, and courses of lectures have been given.

These measures helped to some extent, but nevertheless it became necessary at one time to make a public appeal for full or part-time assistance at Ham Green Hospital, and only the ready response of volunteers prevented the closing of wards urgently needed for pneumonia cases.

One of the principal factors retarding the adequate staffing of hospitals is undoubtedly the question of conditions of service. This problem is reviewed in a joint publication by the Ministry of Health and Ministry of Labour on "The Staffing of Hospitals," and in considering the post-war programme careful attention has been paid to the question of accommodation for nurses and domestics. As far as the problem is related to new building, its solution depends almost entirely on the allocation of priorities, but so urgent is the need that it is likely that further consideration will be given to this aspect in the near future.

Bacterial Endocarditis.

In February, in response to a request received from the University Professor of Medicine intimating that the Medical Research Council were carrying out experimental treatment of a series of cases of bacterial endocarditis with penicillin and that he had been asked to do the clinical part of the work in this region, the Health Committee agreed to provide facilities for the investigation to be carried out at Southmead Hospital. This meant the reservation of five male and five female beds, any cases coming from outside the city boundary being chargeable to the local authority for their own area.

In order to co-operate to the fullest extent with the Medical Research Council and Professor Bruce Perry in the treatment of cases, it was necessary to give facilities to a large area and this brought out the administrative difficulties in treating cases from outside of Bristol.

The county authorities were approached with varying responses. Some authorities stated such treatment was not their responsibility or should be dealt with through the poor law machinery, and others that it was a matter for the central government.

As a typical example a case was being treated in a county voluntary hospital, and was referred for treatment at Southmead Hospital. The county medical officer of health was approached who stated that the matter would be placed before his authority, who would no doubt accept responsibility. If the patient was to benefit, it was necessary for admission to be arranged forthwith. Subsequently the local authority intimated they were not prepared to accept responsibility as follows:—

"I reported the facts to my Health Committee who disassociated themselves from liability in the matter, and suggested that any additional cost of treatment over and above any payment made by the voluntary hospital should be a matter for the patient himself, and should he be unable to meet this additional payment, he should apply to the public assistance committee. I would suggest, therefore, that this course be followed. I regret that my Health Committee found themselves unable to intervene in the matter, but in the absence of any statutory declaration under the 1929 Local Government Act the committee was unwilling to establish a precedent which could have been used to saddle them with future responsibilities for which, as yet, they have no statutory liability."

The patient subsequently died, and under the circumstances the Bristol Health Committee accepted the offer of payment from the voluntary hospital at the rate of 10/- per day, the difference being borne by the Bristol Corporation.

Postgraduate Education for Medical Officers.

In October the Health Committee were informed of the government's scheme for the postgraduate education of medical officers returning from the forces.

Under the scheme, the University of Bristol is responsible for the local arrangements, which include provision for such medical officers to work in hospitals throughout the area. Mr. Wright, director of postgraduate medical studies, is in charge of the arrangements.

Two groups of doctors are mostly concerned, namely:—

- (a) Young doctors recruited within a year or so of qualifying (Bl. post £350 per annum plus board or £100 per annum in lieu).
- (b) Practitioners who on recruitment were being trained to become specialists or consultants. (Senior Bl. post £550 per annum plus board or £100 per annum in lieu.)

The Health Committee are participating in the scheme and at Southmead Hospital, which has been recognised by the Ministry for the purpose, a number of extra doctors have been appointed. Appointments may be as house surgeons, physicians or others to hold senior positions.

Posts in the hospital are found, as far as practicable, from normal vacancies which arise in the ordinary course, or by the continued recruitment of young practitioners for the forces. In this case the salary is defrayed as part of the normal cost of the hospital.

Alternatively, when no vacancy for an applicant exists, the Committee may, on the advice of the University, create an additional post for as long as may be required or until a suitable vacancy exists. Similarly, if a suitable vacancy in a lower paid post exists, the applicant may be appointed to this vacancy at the standard salary of £350 per annum.

In these cases of additional or up-graded posts, the salary is paid in the first instance by the Committee, who recover the salary and board allowance from the University, the latter then presenting a claim to the University Grants Committee. None of this additional expenditure falls on the Health Committee.

Consequent on participation in the scheme it has been necessary to consider providing additional residential accommodation at Southmead Hospital for the officers taking the postgraduate course. At the same time, as a result of the proposed extension of the teaching work at the hospital to include gynaecological as well as midwifery teaching, it will be necessary for medical students taking this course to reside at the hospital during their tuition. Plans have therefore been prepared for the conversion of P block—used during the war by the Blood Transfusion Unit—for this purpose. (See post, page 8).

Joint Advisory Committee on Medical Appointments.

The Joint Advisory Committee on medical appointments, constituted by representatives of the Bristol University (4), the Bristol Royal Hospital (3), and the Bristol Health Committee (4) held their first meeting on the 23rd April, 1945, under the chairmanship of the Vice-Chancellor of the University.

The Health Committee appointed the Chairman, also Mr. Wilkins, Mr. Wright and Dr. Parry to be their representatives on this Advisory Committee, established—

- (a) for appointments to the teaching staff in the medical teaching centre;
- (b) to consider applications for vacancies and after interviewing a selected number of candidates, make representations to the appropriate governing body;
- (c) to deal with all vacancies ranging from professorships in clinical subjects to registrarships in teaching hospitals;
- (d) to take steps to include other teaching hospitals on the understanding that representatives of the governing body of the hospital concerned shall be co-opted on the Joint Advisory Committee when such appointments are under consideration.

The lines of procedure for the Advisory Committee are as follows:—

- (1) The responsibility for advertising an appointment and for receiving applications shall be normally that of the authority primarily concerned, *e.g.*, the Royal Hospital, the Health Committee or the University, but that there shall be consultation between the bodies on the terms of the advertisement.
- (2) The power to draw up a short list and to interview selected candidates shall remain in the hands of the Advisory Committee though it may delegate to a smaller number the power to sift the applications.

Removal of Protective Works.

With the cessation of hostilities in Europe it became immediately desirable to demolish blast walls and brick revetments which were impeding the through passage of light and air to wards and staff quarters in the hospitals and sanatoria. The labour position was such, however, that in the first instance, considerable difficulty was experienced in making any arrangements to have the work carried out. After negotiation with the regional government departments and the Admiralty, the city engineer was able to make arrangements for naval ratings to carry out the demolitions. By the end of the year the city engineer was able to report that the work at the various institutions under the control of the Health Committee was nearly completed and a letter was sent to the commanding officer at the naval barracks at Corsham expressing the thanks of the committee to all ranks concerned and their keen appreciation of the valuable contribution made to the health and comfort of the patients by the removal of these obstructions.

Southmead Municipal Hospital (statistics page 105).

The medical superintendent, Dr. P. Phillips, reports as follows:—

"This year has been a memorable one in the history of our country, and although admissions and discharges from Southmead did not quite reach the peak year of 1944, it is worthy of note that deaths were fewer, whilst the number of operations performed increased. New developments calling for particular attention are as follows:—

- (1) Mortimer House, Clifton, a maternity department of 35 beds, has completed its first full year, and a special section later gives details of its work.
- (2) Q block, the venereal disease department for in-patient treatment of female cases, is proving more than adequate for its task. Thanks to the newer methods of treatment the stay of such cases is shortened, and with the end of wartime conditions we look forward to a diminished incidence of these infections.
- (3) C ward, the former reception centre for air-raid casualties, has been converted into a combined physio-therapy and occupational therapy department. There are marked advantages in having these two departments closely associated, and the present arrangement should be looked upon as temporary, until adequate buildings designed for the purpose can be provided.

In March ten beds were set aside for the experimental treatment of bacterial endocarditis by penicillin. These are for cases arising in the south-western area and the results have been most encouraging. They show a certain percentage of cures in what was formerly regarded as a fatal disease.

Since September excellent progress has been made with the repair of war damage and the removal of protective structures and black-out. By the end of the year all blast walls were removed and glass replacement proceeds as rapidly as the availability of labour and materials will allow. Fortunately the wards were not structurally damaged and it is good to see the new maternity wards returning to their original design. Much remains to be done in maintenance and re-decoration after six years.

During the last few weeks of the year about 40 chronic cases were transferred to Frenchay Hospital from O ward. This was in readiness for a scheme providing more adequate accommodation for the x-ray department, and the provision of a central library for the hospital. This latter will be available to both staff and patients and should furnish a most useful and desirable amenity.

One of the most urgent needs of the future is the release of the casualty department, attached to the Monks Park clinic of the hospital, at present occupied by 22 maternity beds. This can hardly be done until more beds for maternity cases are available. Still, the need for such a casualty department in the Southmead area is steadily becoming more apparent."

Following are particulars of the development schemes referred to in the medical superintendent's report above and which have been approved by the Council.

The increasing part which Southmead Hospital is likely to play in connection with the training of medical students will make further demands on its x-ray apparatus. The availability of Frenchay Park Emergency Hospital enabling cases to be transferred there from O ward, will leave space in that ward, in which, after adaptation, new apparatus (estimated to cost £2,500) can be installed. At the same time, the adaptation of O ward will make possible the provision of an adequate library for patients and staff at the hospital, an amenity which is much needed. The present x-ray department will be adapted for use as office for the almoner's department and for lavatory accommodation for staff and patients. The cost of these alterations, adaptations and apparatus is estimated by the city architect at £4,700 approximately.

After considering a report by the city librarian, the Health Committee have come to the conclusion that an adequate library should be provided, comprising a selection of books suitable for patients and staff, as well as for children. There should also be a good supply of periodicals, picture papers, illustrated magazines and a collection of text books and reference books should be available to the staff. The proposals recommend that such a library could best be administered by a qualified librarian under the Libraries Committee, the cost being reimbursed by the Health Committee.

The estimated capital expenditure for carrying these proposals into effect is approximately £1,000, with an annual maintenance cost of about £700.

In connection with the scheme for postgraduate instruction of medical officers referred to previously in this report, and having regard to the necessity also for medical students taking the gynæcology and midwifery course to reside at the hospital during their tuition, the Council have approved the conversion of P block, formerly disused but occupied during the war by personnel of the A.T.S. staffing the blood transfusion service. The city architect recommended alterations for provision of 40 cubicles, common room, dining room (on cafeteria lines), lecture room, and sanitary conveniences for both sexes, and alterations to the kitchen at an estimated cost of £1,500.

None of the foregoing works has been commenced, but it is hoped that they will be completed in 1946.

As part of the five-year programme of capital works, the Health Committee considered in December a report on the works of urgent importance required at Southmead Hospital. The works include: (1) alterations to kitchen—extensions and equipment; (2) nursing and domestic accommodation—scheme to provide sufficient accommodation to be planned; (3) alterations to wards—modernisation and improvements; (4) University in Southmead—gynæcology and operating theatre, lecture theatre and students'

accommodation; (5) laundry under consideration for transfer to centralised laundry department for all institutions; (6) houses for medical superintendent and deputy medical superintendent; (7) accommodation for clinical pathology and post-mortems; (8) central stores—accommodation to be allocated; (9) maternity school—separate accommodation to be provided.

The full detailed plans and costs are in course of preparation by the city architect.

Premature Baby Unit.

A full note of the scheme for establishing a premature baby unit at Southmead Hospital was included in the report for last year, but the unit was not ready for admissions until the end of this year.

It is hoped to include in next year's report a detailed report from the pædiatricians on a full year's work in this department. Meanwhile a note on premature babies is included in the maternity and child welfare section (page 18).

Snowdon Road Hospital.

This hospital is administered as an annexe to Southmead Hospital and the medical superintendent, Dr. P. Phillips, submits the following comments:—

"The numbers of patients admitted during the year were as follows:—

| | | | |
|--------------------|-----|-----|-----|
| Male, general ... | ... | ... | 176 |
| Female, „ | ... | ... | 102 |
| Male, tuberculosis | ... | ... | 56 |
| Male, V.D. | ... | ... | 166 |
| Total | | | 500 |

This was the first full year in which male venereal disease cases were treated in one of the blocks of this hospital. The arrangement is working satisfactorily and the future of this section will depend upon the ultimate use of the hospital.

The most outstanding improvement has been the provision of a mortuary, by the adaptation of two air-raid shelters in the grounds. This work was carried out early in September, and has proved much more satisfactory than the previous accommodation. Later in the year, a naval demolition party removed the blast walls from doorways and ward windows and also the remaining air-raid shelters. All temporary window fabric has been removed and replaced by glass, restoring warmth and comfort to the patients. Considerable painting of external woodwork, etc., has also been completed."

The future development of Snowdon Road Hospital has been under consideration during the year. The Health Committee, in approving in principle the up-grading of this hospital, have included the following items as schemes which should be proceeded with during the next five years under their capital works scheme: (1) provision of nurses' home and quarters for the medical staff; (2) provision of block for dispensary, x-ray department, laboratory and operating theatre; and (3) provision of out-patient department and health centre. Re-classification of the accommodation has also been under consideration and proposals to carry out adaptations and conversion of part of the existing ward accommodation to provide for 84 maternity beds have been translated into plans by the city architect and forwarded to the Ministry of Health for approval.

The availability of Frenchay Park Emergency Hospital has enabled reconsideration of the allocation of venereal disease beds for in-patients. It is hoped to obtain the Ministry's approval to an amendment to the scheme whereby venereal disease beds at Snowdon Road Hospital as well as those at Southmead will be transferred to Frenchay.

As will be seen from the report on health centres (see Appendix VII, page 71) it is intended to make the proposed centre at Snowdon Road Hospital a main divisional health centre for Fishponds. The needs of the population of this district might be met in 1946 by allocating part of the existing hospital accommodation for health centre purposes of a routine character.

Mortimer House Maternity Hospital.

This maternity hospital is under the direction of the medical superintendent of Southmead Hospital, but the nursing and catering management has been separated from Southmead Hospital by the appointment during the year of a matron. Dr. P. Phillips reports as follows:—

"This maternity department, originally opened in August, 1944, has completed its first full year of activity. During 1945 a resumé of its work was as follows:—

| | | | | | |
|--------------------------|-----|-----|-----|-----|-----|
| Maternity cases admitted | ... | ... | ... | ... | 540 |
| Normal deliveries | ... | ... | ... | ... | 516 |
| Forceps cases | ... | ... | ... | ... | 19 |
| Face presentations | ... | ... | ... | ... | 2 |
| Breech | .. | ... | ... | ... | 3 |

Of the normal deliveries 145 cases required medical assistance.

| | | | | |
|---|-----|-----|-----|-----|
| Number of cases of puerperal fever | ... | ... | ... | Nil |
| Number of cases of puerperal pyrexia | ... | ... | ... | 11 |
| Number of infants wholly breast-fed | ... | ... | ... | 495 |
| Number of infants who received supplementary or complementary feeding | ... | ... | ... | 45 |
| Cases of ophthalmia neonatorum | ... | ... | ... | Nil |
| Maternal deaths | ... | ... | ... | 1 |
| Number of stillbirths | ... | ... | ... | 7 |

Causes of stillbirth:—

| | | | | | |
|---------------------------------------|-----|-----|-----|-----|---|
| Macerated fœtus | ... | ... | ... | ... | 2 |
| Anencephalic „ | ... | ... | ... | ... | 2 |
| Premature | ... | ... | ... | ... | 1 |
| Placenta prævia | ... | ... | ... | ... | 1 |
| Accidental hæmorrhage | ... | ... | ... | ... | 1 |
| Number of infant deaths under 10 days | ... | ... | ... | ... | 8 |

Causes of death in each case:—

| | | | | | |
|--------------------------|-----|-----|-----|-----|---|
| Premature | ... | ... | ... | ... | 2 |
| Broncho pneumonia | ... | ... | ... | ... | 2 |
| Fragilitas ossium | ... | ... | ... | ... | 1 |
| Meningocele | ... | ... | ... | ... | 1 |
| Erythroblastosis fœtalis | ... | ... | ... | ... | 1 |
| Intra cranial hæmorrhage | ... | ... | ... | ... | 1 |

The department is well liked by the patients, its accessibility and homely atmosphere being much appreciated. During the year an independent matron was appointed, the superintendent midwife from Southmead Hospital being selected for this post."

Ham Green Hospital and Sanatorium.

Dr. B. A. I. Peters, medical superintendent, reports as follows:—

INFECTIOUS DISEASES DEPARTMENT.

The total admissions, 1,991, were lower than last year (2,089) due to a further fall in diphtheria admissions.

Diphtheria.

Two hundred and sixty-six cases were admitted from Bristol and adjacent districts notified as diphtheria, but in only 115 was the diagnosis confirmed. This is a new low record. One ward was sufficient to accommodate all the cases during the year. At present two of the wards which formerly housed diphtheria cases are in use for tuberculosis cases and two for primary pneumonia.

Five cases in uninoculated persons died. No deaths occurred in inoculated persons, although several cases occurred amongst these.

It should be noted that the standard two inoculations produce immunity in not more than 95% of those inoculated. Unless all the inoculated are tested afterwards and, if still found susceptible, are given further doses until immune, at least 5% of the children inoculated under the present system are not protected. Cases amongst these are bound to occur. Such cases tend to bring the whole procedure into disrepute amongst the public, apart from the danger to those children concerned.

The type of diphtheria in Bristol is still severe. Amongst all the cases occurring, nearly one quarter were gravely ill and in peril of their lives up to the seventh week after admission. Perhaps in the future it will be possible to deal with all inoculations as we deal with our staff, amongst whom no case of diphtheria has occurred for several years, although previously 20% were attacked.

Scarlet fever.

Admissions were about the average—578. Three deaths occurred, one in a patient aged 86, one in a young man with severe chronic rheumatic heart disease, and one case occurred in a child from another hospital who contracted the disease whilst being treated for acute nephritis. The attack of scarlet fever greatly aggravated this condition, from which she died. When all children's hospital wards are constructed on the plan of your latest cubicle blocks, such tragedies will be very unlikely to occur.

Measles.

Measles was very prevalent in the spring. Three hundred and six cases, complicated mostly with bronchopneumonia or enteritis, were admitted; of these nine died—2.9%.

Pneumonia.

One hundred and ninety-eight cases completed their treatment; 19 died, of whom four cases were between 70 and 80 years, 10 between 60 and 70, and five under 60. The saving of life in the younger ages is very great by modern treatment.

Whooping cough.

Sixty-two cases were treated during the year, mostly in young babies with bronchopneumonia, of whom three died (5.0%). This is probably the most dangerous infectious disease in young children nowadays, as the primary disease does not respond to modern treatment, nor does the broncho-pneumonia respond so well to drugs or penicillin as do other forms of secondary broncho-pneumonia.

Cerebro spinal fever.

This disease is gradually dying out again, as only 11 cases were treated during the year with one death in a late case in a young infant. Forty-three other forms of cerebral disease were admitted under this label.

Puerperal fever.

Fourteen cases were under treatment during the year. All made excellent recoveries.

Sonne dysentery.

Sonne dysentery is still prevalent, but of 82 cases admitted all recovered quickly.

Under other diseases, 293 cases were admitted covering a wide range of acute medical and surgical cases.

General.

Improvements in the x-ray plant have been effected and a part-time radiologist has been available for two days a week. A really satisfactory service would entail the appointment of a full-time radiographer.

The laboratory is now finished and we hope a full-time resident pathologist will soon be available.

It is hoped that some time the Senate of the University will see fit to institute a chair in biochemistry. This is the most actively advancing branch of science which bears on medical problems. A promising line of bio-chemical research bearing on tuberculosis had to be regretfully abandoned owing to the impossibility of obtaining any collaboration in the University for this angle. It is to be sincerely hoped that the coming changes in the medical services will look after this aspect of research. Unfortunately, few doctors have any interest in this vitally important subject.

TUBERCULOSIS DEPARTMENT.

Two hundred and seventy-three patients were admitted, of whom 70 died. The majority of our cases are still admitted with advanced disease. Such cases occupy a bed for a long time without hope of a satisfactory cure.

Charterhouse Hospital (Annexe).

One hundred and twenty-eight convalescent and semi-convalescent patients were treated at Charterhouse Hospital during the year.

In the latter part of the year only sufficient staff have been available to staff the tuberculosis section. This is rather a serious loss, as the main building is eminently suitable for convalescent treatment after an acute illness. As next winter is likely to be a winter with measles prevalent, the loss of these convalescent beds will seriously limit our admissions of these gravely ill patients and so we hope that matters will improve before then.

Occupational Therapy—Ham Green and Charterhouse Hospitals.

The actual number of patients who were doing occupational therapy under supervision was 67 male and 95 female patients, totalling 160, an increase of 40 over the previous year.

The following is a list of the work done:—

- 314 articles of needlework
- 361 toys
- 165 cushion covers
- 102 pairs of slippers
- 56 pairs of gloves
- 51 tapestry articles—including eight needlework pictures
- 12 writing cases
- 4 tobacco pouches
- 28 sponge bags
- 34 children's handbags
- 42 rugs
- 6 cord belts

and a large number of sick sets, handbags and purses.

The educational classes, arranged through the educational department, for crafts, dressmaking (make do and mend), woodwork and boot repairing were discontinued early in 1945 owing to lack of support, but endeavours to reintroduce these classes have been successfully started by a boot repairing class which is well attended.

We have one full-time and one part-time occupational therapist, and they both spend one whole day at Charterhouse, which is not really sufficient to cover all the needs of this department and we need more help."

Accommodation for the Treatment of Tuberculosis.

The plans for extensions to the hospital and sanatorium referred to in my report last year have received the approval of the Health Committee, and a further item—recreational facilities, including sports pavilion—has been added to the scheme. The full scheme was submitted to the Ministry of Health, and the Minister has now approved, in principle, the following sections of work for inclusion in the first year of the Council's programme of capital works, namely, new block for nursing and domestic staff dining and domestic staff recreation, conversion of block G and H as administration, additional storage, new waiting room and sanitary accommodation for visitors; these sections to be granted a high degree of priority for commencement in the order stated. Other sections, namely, extensions to sanatorium recreation facilities, including sports pavilion, to be undertaken as the former sections are completed. Ministry approval has not yet been received to the remaining parts of the scheme, involving additional ward accommodation, new x-ray, laboratory and dispensary block and extensions to the nurses' home and medical block. These are included under later years in the five-year programme of capital works.

Frenchay Park Hospital.

In July, 1940, the Council approved proposals for leasing to the Ministry of Health land at Frenchay and at Southmead for the purpose of the erection thereon by the Ministry of emergency hospital accommodation. The scheme for Southmead was not proceeded with, but at Frenchay an emergency hospital for about 1,000 patients was erected and until mid-1945 was in the occupation of the American Army.

The need for this user of the hospital having come to an end, the Minister of Health asked the Health Committee to take over the premises temporarily on his behalf to ensure that the buildings and equipment would be safeguarded, any expenses properly incurred in this connection being reimbursable by the Minister, pending a final decision as to the future use of the buildings. The Minister of Health also stated that he was prepared to give favourable consideration to any proposals submitted by the City Council as to the future use of the premises.

The Council, at their meeting in October, approved the proposals of the Health Committee to take over the premises, and formal transfer from the Ministry of Works, acting on behalf of the Ministry of Health, took place on the 10th October.

Whilst retaining the ownership of the premises and equipment pending future decision on the structure of the national health services, the Minister proposed to allow their use for the time being on the terms contained in the lease completed in relation to the land on which the first hatted extension was built, namely, on payment of a rental of 4% of the capital cost of the premises as a whole

Negotiation on these conditions is still proceeding.

The Council also concurred with the Health Committee's proposal, subsequently approved by the Minister, to use part of the premises to meet certain pressing needs for hospital and residential nursery accommodation. Dr. W. L. Broadfoot has been appointed medical superintendent and other staff engaged for hospital and caretaker duties, including steward, engineer and maintenance staff; the cost of such staff being allocated between the Ministry and the Corporation according to how much of this should be properly borne by the Ministry for caretaking duties or by the Corporation in respect of their use of the staff for hospital purposes.

A ward was opened immediately for chronic sick moved from the Southmead ward as part of the transfer to make way for the x-ray department conversion and adaptation, whilst two wards (50 beds) were allocated to residential nursery accommodation, replacing nurseries in leased premises at Cedar Hall and Whitestaunton Manor, formerly requisitioned and now returned to their owners. It was intended later to adapt four wards for chronic sick at a cost of approximately £3,210 for decorations, alterations, lighting and heating, and the transfer of the venereal disease departments from Southmead Hospital and Snowdon Road Hospital was also under consideration.

Meanwhile, before submitting definite proposals for the future use of the premises, the Health Committee, in accordance with their obligations under the Public Health Act, 1936, have consulted with representatives of the Bristol Royal Hospital and also with the University of Bristol in relation to the training of medical students. Amongst proposals considered by a conference of representatives of these bodies, the Health Committee and the Ministry of Health were the following:—

- (1) The proposal to allocate about 200 beds as a solution to the long waiting list of chronic sick persons requiring hospital accommodation.
- (2) The transfer of the regional thoracic surgery unit from Kewstoke, the present size of which was 100 beds.
- (3) The establishment of a plastic surgery unit at some time in the future.
- (4) Allocation of beds for neuro-surgery.
- (5) A recommendation that a previous proposal of the Health Committee to adapt certain wards for maternity beds be reconsidered so that Snowdon Road Hospital might be used for this purpose instead.
- (6) The conference concurred with the Health Committee's proposal to remove venereal disease cases from Southmead Hospital and Snowdon Road Hospital and to concentrate the treatment of this type of case in one unit at Frenchay.
- (7) With teaching facilities for gynæcology as well as obstetrics at Southmead Hospital, the University would not require undergraduate teaching facilities at Frenchay, but they considered that Frenchay could play an important part in post-graduate teaching.
- (8) The conference resolved that a committee be appointed, consisting of two representatives each of the Health Committee, Bristol University, and Bristol Royal Hospital to consider the establishment of a central bureau on the allocation of hospital beds and that representatives of the Ministry of Health be invited to attend meetings of this committee.

Frenchay Park Sanatorium (statistics page 105).

Dr. E. E. Mawson, resident medical officer, reports that among the cases admitted were many observation cases, being the children of parents who have active pulmonary tuberculosis. These children have cutaneous tests which are positive to tuberculosis but no lesion which can be demonstrated clinically or radiologically which qualifies them for classification among the tuberculous. Probably, building up their resistance by good food and hygienic conditions prevents such lesions becoming apparent.

As there has not been a long list of children waiting for admission, Frenchay Sanatorium has continued during 1945 to take six young female adults with pulmonary tuberculosis—all cases which required active sanatorium treatment such as artificial pneumothorax, pneumoperitoneum and phrenic crushes. These cases are accommodated in the single cubicles in ward I and all have done well. Three were transferred to Winsley and two to Charterhouse, and their places were immediately filled.

Various educational improvements have been introduced during the year. The Ministry of Information kindly sent films on several occasions. Two male instructors, one in carpentry and the other in shoemaking, have paid weekly visits. The children's library is being enlarged. Educational work in ward III is still hampered by lack of space, children being taught either in or round the beds irrespective of age.

In the treatment block 693 x-rays were taken and 32 bronchograms were done; 103 plasters were applied and 50 dental operations performed.

Stapleton Institution.

Dr. S. Datta, medical officer, Stapleton Institution, reports as follows:—

"There were 794 patients resident in Stapleton Institution on 31st December, 374 of these being certified under the Lunacy Acts and 135 under the Mental Deficiency Acts. There were 538 cases admitted during the year and there were 190 deaths.

With regard to infectious diseases, two cases of bacillary dysentery and one of tuberculosis of the lungs were notified.

Since the call-up of Dr. Simpson, assistant medical officer, Dr. Hamilton has acted on off-duty and holidays periods and this arrangement has proved satisfactory."

Eastville Institution.

A total of 329 cases suffering from chronic diseases were admitted to Eastville Institution during the year; 186 were discharged and there were 170 deaths.

Dr. Roberts, medical officer of the institution, reports that the cases admitted show a tendency to be bedridden and that the proportion of aged people who can get about is much lower. The restriction of work here is due to the shortage of staff. This affects the sick wards most seriously, but the semi-invalid blocks which contain the people who can get up each day, often needing considerable help in dressing and moving about, are also affected.

Radiological Services.

With regard to the long-term scheme submitted by Dr. J. V. Sparks and referred to in my last year's report, plans for the new x-ray department at Southmead Hospital, as outlined in this report under Southmead Hospital section, have been drawn up and approved by the Council. Plans for the new department at the Central Health Clinic have also been prepared and are included for consideration under the general scheme for extensions at the Central Clinic.

Dr. Sparks reports that the rotating anode tubes at Southmead Hospital and at the Central Health Clinic have produced a marked improvement in the radiographic quality of the negatives.

Temporary measures, including the provision of a new dark room and new x-ray transformer for improving the x-ray service at Ham Green Sanatorium, have been completed during the year. Plans for a complete x-ray department here are included in the Health Committee's five-year programme of capital works.

In November the general x-ray department and mass radiography unit at the Central Health Clinic were open to the public one Saturday afternoon in commemoration of the fiftieth anniversary of the discovery of x-rays.

A report by Dr. Mawson on the work of the mass radiography unit is included in this report under the heading of "Tuberculosis" (see page 25).

Welfare of the Blind.

Reference was made in my report last year to the appointment of a welfare officer for the prevention of blindness and that a health visitor had been seconded for this work towards the close of the year. As it was essential for the success of this work for the welfare officer to have first-hand knowledge of modern preventive and curative methods and to have a reasonable understanding of the commoner eye diseases and their treatment, it was arranged by Mr. R. R. Garden, certifying ophthalmic surgeon, for her to attend the full course of lectures on ophthalmology given to the nursing staff at the Eye Hospital. She was also present at his weekly operation sessions until she had seen all the usual procedures used for the alleviation and cure of blindness. This experience fitted her to encourage patients to carry out the advice given by the hospital surgeons and to give them confidence to accept the treatment offered. The welfare officer is closely in touch with the secretary, matron and almoner of the Bristol Eye Hospital and also with Mr. Getliff, superintendent of the Blind Asylum Workshops and of the Blind School. From all these sources, suitable cases are added to the welfare officer's register for the follow-up and visiting of absentees, where necessary.

At the end of the year there were 52 cases on the welfare officer's register and 243 visits had been paid to cases, in addition to those interviewed at the clinic. From time to time, the welfare officer has reported on the assistance and guidance which she has been able to give to the patient. In addition to the above, the welfare officer attends at the ophthalmic clinic, mainly devoted to schoolchildren but also including eye cases in infants under five years of age and nursing and expectant mothers. She is present at all examinations of Bristol applicants for admission to the blind register and is able to make contact with them at the clinic, thus obtaining a useful introduction for further visits to their homes, if required. In a new appointment like this, the work inevitably develops slowly and does not occupy the officer full-time as yet. It was realised that people needing help in this way would mostly have to be selected from and sought for amongst the mass of patients attending eye institutions, but as time goes on work should steadily increase in scope and usefulness.

Home Helps (statistics page 106).

The Health Committee was empowered as part of their maternity and child welfare functions to provide home helps for mothers during confinement. This power was extended by the Minister of Health under Defence Regulation 68(E) so that a local authority would be enabled to provide domestic help in a wider range of circumstances, for example, on grounds of ill-health, age or welfare of the children, as well as maternity. Accordingly, in January of this year the Health Committee submitted a scheme to Council for the exercise of these extended powers, and the scheme came into operation in Bristol on April 1st. The types of cases in which the powers referred to are used are illustrated by the following examples: (a) where the housewife falls sick or has to have an operation; (b) where the wife is suddenly called away to see her husband in hospital and arrangements have to be made to look after the children; (c) where elderly people are infirm or one of them suddenly falls ill; (d) where several members of the family are ill at the same time, for example, during an influenza epidemic.

Thirty-one full-time and seven part-time helpers have been engaged on the staff of the department during the year. It has not been possible to increase this number because the supply of this type of labour cannot meet the demand. It has therefore been necessary to select cases giving priority according to their need and to restrict to six weeks the period for which a domestic help can be supplied to any individual case.

The cost of the extension to the service is reimbursable by the Ministry, including the cost of clerical or supervisory staff needed for the proper working of the scheme.

Nurses Acts, 1943 and 1945.

By order of the Minister of Health the above Acts were brought into operation as from the 15th October. The Acts contained provisions relating to the enrolment by the General Nursing Council of assistant nurses and prohibited the use of the title "nurse" except by duly registered nurses or by duly enrolled assistant nurses.

Part II. of the Acts deals with the licensing of agencies for the supply of nurses and the functions of the Acts are delegated by the City Council to the Health Committee. The conditions recommended by the Association of Municipal Corporations under which nurses co-operations may be licensed have been adopted and the issue

of licences has been authorised in six approved cases. Arrangements for inspection and enforcement, similar to those in operation under the Nursing Homes Registration Act, have been put into operation and officers have been appointed as duly authorised officers of the Council for the purposes of the Acts.

Meals for Elderly People.

The scheme, commenced in 1944 in conjunction with the Old People's Welfare Committee of Bristol Council of Social Service, the Communal Feeding Committee, and the W.V.S., for the provision of a mid-day meal for elderly people who have difficulty in shopping and who are unable to prepare their own meals, is still in operation.

The falling off in the demand for the service, noted towards the end of 1944, has continued into 1945, but every effort is being made to maintain the service for those who desire it.

Supply of Drugs to Necessitous Cases.

In my report for 1943 reference was made to the inauguration of a scheme for the supply of insulin at a reduced price to persons suffering from diabetes who find the increased cost a financial burden.

Since insured persons are already covered under the National Health Insurance Acts; the scheme therefore applies mainly to dependants of insured persons, widows and spinsters engaged in household duties, and to merchant seamen on foreign going ships, etc.

The procedure is that on production at a health centre of a prescription duly signed by a medical practitioner, the patient receives a supply of insulin free or at cost according to an income scale, assessment being made on a statement supplied by the patient.

The scheme was subsequently amended to cover the issue of supplies from the Bristol Royal Hospital (Infirmary Branch) and also from Southmead Hospital.

During 1945 the scheme has been extended to include the supply of anahaemin. Application was received under the local authority's scheme for the supply of drugs to necessitous cases to be extended to include anahaemin for injections in cases of pernicious anæmia.

The permission of the Minister of Health having been obtained, the following procedure was adopted regarding the issue of the drug to the public—(1) the drug to be issued only on presentation of a prescription signed by a general practitioner; (2) all prescriptions to be dispensed at the Central Health Clinic or at Southmead Hospital; (3) only those whose income falls below the scale adopted by the Committee to be supplied with the drug free of cost on the applicant filling up a form giving particulars of his or her income.

Health Education.

The growing interest of the public in health matters has been evidenced during the year by the steady and increasing number of requests received in the department for talks by the staff on public health. The popularity of these lectures is demonstrated by the requests for repeat talks and it is to be regretted that owing to this increased demand it has not been possible to respond to all applications.

Lectures have been given to the senior students in schools as part of their civics course, to parent-teachers associations, youth clubs, adult classes, and to groups from army education centres. Arrangements have been made, in many instances, for groups of interested parties to visit the Central Health Clinic where they have had an opportunity of seeing the work of the various departments.

The exhibition of films and distribution of posters and leaflets in collaboration with the Ministry of Information and the Central Council for Health Education have again been a feature. The press have continued to give prominence to topical matters likely to be of interest to the public.

Office Accommodation.

The need for office accommodation for the department has been under the urgent consideration of the Health Committee during the year, especially in view of the desire of the owners of the houses now used as offices to take possession of their properties at an early date.

The question of head office accommodation is also bound up with the prevailing conditions of congestion in the Central Health Clinic; a state of affairs which has arisen from the fact that the work has increased enormously since the clinic was first built so that now attendances have reached a figure of 5,000 per week. Further, it has been necessary to overcrowd the services now provided in the clinic as the result of new duties placed on the department by the Ministry of Health. This has resulted in more accommodation being required for the examination and treatment of patients so that the accommodation for staff has become so restricted that even the corridors are used as offices.

The city architect has prepared a scheme for adapting premises at the rear of the Central Health Clinic, known as Marybush Lane Schools. The cost of the alterations and adaptations have been estimated at £11,600 and the cost of acquisition has been provisionally agreed at £4,200. The Council have approved this scheme, which will enable the administrative staff of the health department, both from Kenwith Lodge and other scattered offices and the Central Health Clinic to be accommodated centrally.

Transport.

Owing to the stand-down of civil defence services early in the year, it became necessary to consider what arrangements should be made to replace the assistance which had been received from the civil defence ambulance services by the department in their peace-time ambulance work. A communication from the Ministry of Health suggested that local authorities should include in their peace-time ambulance service a number of cars which might be used for the transport of sitting cases.

The Council approved a recommendation of the Health Committee that they take over a sufficient number of vehicles to enable them to continue to meet the varied requirements of the department, which includes the transport of patients, nursing staff, medical staff, midwives, administrative staff, laundry, equipment and stores, as well as the transfer of children between war-time nurseries on behalf of the Government.

Temporary arrangements were made within the department during the year pending the establishment of a central transport service under the chief transport officer of the Corporation.

Casualty Services.

The Health Department was first called upon to assist in the organisation of the casualty services in 1937, and the final stand-down was in June, 1945. During these years, a large organisation was built up, and many thousands of citizens were trained in first aid.

The Council decided that the main first aid posts should be at the health centres, and although this was a great inconvenience to the public health service, the buildings lent themselves excellently for the purpose and during active use in air raid conditions more than justified the decision. Some 4,600 civilian casualties were dealt with.

The availability of the casualty services' ambulances and transport for the enlarged public health service had been a useful accommodation. With the cessation of the casualty services it was necessary for the Council to approve of a considerable enlargement of the Health Committee's ambulances and transport service, and the Ministry of Health consented to the transfer of vehicles and personnel for the purpose of augmenting the Council's normal service accordingly.

The number of beds reserved under the Emergency Medical Service at Southmead Hospital has now been reduced to 70, and are, in the main, used for service cases. For this latter purpose the casualty bureau is still required to function.

A large amount of work was involved in connection with the closure of the various premises, and disposal of medical and general equipment. Much of these goods were disposed of to the various Corporation departments, including the health services, and to voluntary hospitals. The residue was then finally transferred to the city engineer for disposal in accordance with the Government's instructions.

III.—MATERNITY AND CHILD WELFARE (statistics pages 94-97).

Dr. M. G. Hughes, chief assistant for maternity and child welfare, reports as follows:—

Sterility Clinic.

In the course of work at post-natal clinics it was found that childless married women were attending and were anxious to discuss the question of sterility. This problem is a complicated one and it was found desirable to have sessions set apart for these cases, the women being seen by a woman doctor, and their husbands by a man doctor. During the year 54 men attended the clinic; of these 29 were referred by doctors doing the women's work and 25 were referred by other doctors, including medical practitioners in the city.

A few pre-marital examinations and cases of marital maladjustments were carried out for probation officers and the Marriage and Family Guidance Council.

Pathological examinations were carried out at Canynge Hall; 65% of the husbands were found to be sterile or infertile, many improved as a result of treatment. Of 53 women who attended during the same period, nine became pregnant, and one case of syphilis was found. In a few cases the husband was not co-operative. A few discontinued attendance and some of these adopted a child.

Special Diagnostic Clinic.

Another need which became obvious was a session to which women could be referred for the diagnosis of venereal disease. This session began at the Central Health Clinic on 7th December, 1944, and is known as the special diagnostic clinic. There is no difficulty in getting women to attend this session because they know the staff and can enter the building without anyone realising why they are attending. The number of patients who attended during the year was 418.

Midwifery.

Five additional gas and air analgesia machines were delivered during the course of the year, making a total of nine in use on the district. They are being used frequently as there is an increasing demand for this service. Four additional midwives took their gas and air training during the year.

A midwives' summer school was held in Bristol in September. It lasted for ten days and was well attended by 150 midwives and a number of non-residential midwives, including 12 of our own staff.

The housing of midwives and their pupils, and transport for midwives continue to be the greatest difficulties in this part of our work.

Premature Babies.

Since January 1st, 1945, a record has been kept of all premature or underweight babies. Any baby weighing $5\frac{1}{2}$ lbs. or less at birth comes into this category. Details, which include the mother's name, age, address, date and place of confinement, weight and sex of the child, are sent weekly to Dr. Hartley.

Dr. Hartley now reports:—

"An investigation to ascertain the progress of premature babies in their own homes after discharge from hospital and their condition at six months and one year, has been started. This will not be completed for some time, but it appears so far that the majority of the babies, regardless of their initial birth weight, do well after they reach their own homes. One of the smallest babies in 1945 which weighed 2 lbs. 8 ozs. at birth is now, at six months, very well and developed mentally up to normal standard."

There were 445 premature babies notified during 1945. Of 86 born at home (80 being entirely nursed at home), 12 died during the first 24 hours, and a further 25 died within one month (nearly half). Of 290 born in hospital, 22 died during the first 24 hours, and a further 35 died within one month (approximately one-fifth). Of 69 born in nursing homes, seven died during the first 24 hours, and a further four died within one month (about one-sixth).

Health Visitors.

In addition to their other work health visitors are now responsible for making recommendations for the allocation of a home help to a particular case. The health visitor visits the home before the allocation is made and subsequently remains responsible for supervision.

There has been such rapid expansion in the work of the section responsible for the welfare of the unmarried mother that it could not be dealt with completely for the welfare officer and her assistants. It was felt, also, that it would be an advantage for health visitors to undertake some of this work on their own districts, although special cases and all the affiliation work are referred to the welfare officer.

Welfare Officers.

Accordingly the following scheme was put into operation during the year, with the object of more closely co-ordinating the work of the welfare officer for unmarried mothers (statistics page 97) with that of health visitors, infant-life protection visitors and the venereal diseases welfare officers.

(1) The welfare officer maintains a central register of all cases, whether the application for assistance is received by the welfare officer, at a health centre or through a health visitor.

(2) Health visitors are responsible for the supervision of the health of the mothers and children in their areas in exactly the same way as they care for a married mother and legitimate child. If these cases are problem cases they are treated as such in all respects as necessary, including, for instance, treatment at a health centre outside their district.

The primary object of the scheme is to secure that these unmarried mothers are treated everywhere as *mothers* either in maternity wards or in health centres so far as the supervision of their health and that of their children is concerned.

(3) Where there are difficulties involving affiliation or court proceedings, the health visitor consults the welfare officer who advises and, when necessary, takes over the case.

(4) A central register of the children is kept in the maternity and child welfare section and includes information as to the disposal of the cases, viz., nursery, adoption or foster-mother, etc.

(5) In regard to venereal diseases welfare work, arrangements have been made for consultation between the welfare officers of each section so that overlapping is avoided.

The scheme is working well, and the closer linking up of this work with that of the health visitors is producing satisfactory results.

Care of children apart from their parents.

The care of children apart from their parents is one of the most difficult problems in the work of this department at the present time. Three sections of this work may be commented on:—

(1) *The Illegitimate Child.*

In the majority of cases the most satisfactory place for these babies is at home with their mothers; it is found that over 50% of them returned home with their mothers from hospital or from mother and baby homes. These babies are given special supervision on their return by the health visitors, especially during the first few months of life.

The greatest problem arises when the mother says she cannot or will not take her baby home; excuses of every kind are given and various methods adopted to get the baby into a residential nursery. Care has to be taken to ensure that a mother of this type will not leave her baby and then disappear.

There is an urgent need for the right type of foster mothers, because there is no doubt that if the child cannot go home with its mother it is far better for it to be placed with a good foster mother than to be placed in a residential nursery; these children begin life with a handicap and therefore need all that home life can give, if they are to develop normally. A secondary consideration is that the latter scheme is considerably cheaper than residential nurseries.

The following table shows the arrangements made for the illegitimate babies who were dealt with by this department during the year:—

| | |
|---|-----|
| 1. Returned home and | |
| (a) remained with mothers | 329 |
| (b) remained with mother's parents (mother's whereabouts unknown) | 2 |
| (c) fostered | 2 |
| (d) to foster mother from mother and baby home | 1 |
| (e) adopted | 31 |
| 2. Admitted to residential nurseries and | |
| (a) still in residence— | |
| (i) Health department nurseries | 19 |
| (ii) Church of England Waifs and Strays Society | 5 |
| (b) adopted | 3 |
| 3. Adopted from mother and baby home or hospital | 32 |
| 4. With mother in situation | 7 |
| 5. Removed from city | 46 |
| 6. Deaths, stillbirths and abortions | 61 |
| 7. Child still in hospital | 6 |
| 8. Mother and child still in mother and baby home | 17 |
| Total | 561 |

(2) *Adoptions.*

The work of arranging adoptions was undertaken by this department when the Adoption of Children (Regulation) Act, 1939, came into force on the 1st June, 1943, and since that date 160 children have been placed with adopting parents. The health visitors follow up these children carefully and special reports made at the end of the first and second years are now being received. In some cases there has been a certain amount of delay before the child could be taken to Court for adoption; this may have been due to difficulty in obtaining the child's birth certificate, or, in the case of a married woman wishing to get her child adopted, to difficulty in obtaining her husband's written consent. Reports of the children dealt with by this department appear to be satisfactory so far, but it would be interesting to follow up these cases at a later age. There is a much greater demand for girls than for boys.

(3) *Residential Nurseries.*

On April 1st, 1945, the Ministry of Health transferred the financial responsibility of evacuation nurseries to the local authority, though they still remained responsible for a few children who came into certain approved categories. A considerable amount of work was involved in the closing of these nurseries, all the homes concerned had to be visited and, where necessary, arrangements were made for the supply of cots and bedding. The last evacuation nursery was closed on October 30th, 1945, and Cedar Hall, Frenchay, was closed on October 11th, 1945. Additional accommodation was arranged at Nore House, Portishead, and in two units at Frenchay Hospital.

Evacuation nurseries closed during 1945:—

| | | |
|------------------------------|-----|--------------|
| Joli Brise Nursery Unit | ... | January 8th |
| Beaumont Nursery, Wells | ... | January 24th |
| Barton End House, Nailsworth | ... | February 2nd |
| Holnicote Nursery, Selworthy | ... | April 4th |
| Penscot Nursery, Shipham | ... | May 18th |
| Cedar Hall Nursery, Frenchay | ... | October 11th |
| Wilkinthroop Nursery | ... | October 31st |

Nurseries opened during 1945:—

| | | |
|----------------------------|-----|---------------|
| Nore House, Portishead | ... | May 18th |
| Frenchay Park Nursery Unit | ... | November 10th |

There has been a growing demand for admission to residential nurseries for long-term cases (see table below). This means a decrease in the number of beds for children who need to be admitted for short periods, such as those whose mothers go to hospital for confinement or for short illnesses. There is also considerable difficulty in keeping a margin for emergencies.

The admissions to residential nurseries during 1945 may be classified as follows:—

| | |
|---|-----|
| Illegitimate children | 55 |
| Children awaiting adoption | 4 |
| Mothers going into hospital for tuberculosis or other illnesses | 88 |
| Mothers going into hospital for confinement | 173 |
| Social welfare cases | 61 |
| Cases of debility and other medical reasons | 20 |
| Children placed under The Children and Young Persons Act, 1933 | 4 |
| Other cases, <i>e.g.</i> , death of mother, mother deserts | 18 |
| Total | 423 |

Residential nursery accommodation at present consists of the following establishments, the number of beds available being shown against each:—

| | |
|--|----|
| Downend Babies' Home | 55 |
| Frenchay Lodge | 28 |
| Frenchay House | 20 |
| Frenchay Park | 50 |
| Nore House, Portishead | 30 |
| Haybrook House, Powsey (special for backward children) ... | 3 |

Babies' Home, Downend.

Dr. Greta Hartley, who is responsible for the medical supervision of the Babies' Home, Downend, reports as follows:—

"During 1945 the Babies' Home has again been very full, the new admissions (123) showing a slight increase on 1944. This has been possible owing to the transfer of a number of long stay children to Nore House Nursery, and latterly to Frenchay Hospital Nursery Units.

Accommodation for 'under 2's' is still inadequate, and although it had been hoped to increase the number of beds at Downend when the huts were opened in 1945, this has not been possible owing to the severe shortage of trained nursing staff.

The nursery school has been further developed during the year, and the children have now settled down and are beginning to show improvement from the educational facilities. The general health of all the children has been very good; five children only being transferred to Southmead Hospital, three with gastro enteritis, two for investigation.

Fifteen cases of measles occurred in March, but the epidemic remained limited to the children of 3-5 years, and all made good recoveries. Three cases of mumps also occurred in this group of children.

During the year 12 nurses entered for the examination of the National Society of Children's Nurseries, and all were successful, two gaining distinction in the May examination."

Frenchay Lodge, Frenchay House and Frenchay Park Nurseries (statistics page 105).

Dr. Alison Craig, who is responsible for the medical supervision of the above nurseries, reports as follows:—

"The health of the children has been maintained and improved, and there have been no epidemics of infectious diseases during 1945, apart from influenza and *sonne* dysentery.

There is a great need for improved means of isolation, particularly in Frenchay Lodge; and in Frenchay House and Frenchay Park (Ward 14) which caters for the 2—5-year-olds, the outstanding and essential need is for better educational supervision and training, but shortage of accommodation and staff make these adjustments impossible at the present time."

Wartime Day Nurseries (statistics page 106).

The Health Committee has been responsible for administering 22 wartime day nurseries in the city with accommodation for 905 children.

Attendances at these nurseries have maintained a steady average during the year at about the same level as in 1944.

In a joint circular from the Ministry of Health and Ministry of Education, dated December 14th, the Ministers informed local authorities that, in consultation with the Ministry of Labour and National Service, consideration had been given to the modifications which would need to be made in the existing arrangements for the daytime nursery care and training of young children. It will be necessary to decide (1) which of the present nurseries shall continue to be run under maternity and child welfare powers by the welfare authority; (2) which of them shall be taken over and run as nursery schools or classes by the local education authority; and (3) which of them shall be closed on the grounds that they are surplus to requirements.

Expenditure on wartime nurseries will continue to be reimbursable by the Government until March 31st, 1946; after that date the welfare authority will have to bear approximately 50% of the cost of the day nurseries, whilst those under the education authority will attract the educational grant. In considering the full scheme the Minister anticipates that the welfare authority will also take into consideration the question of daily guardians and evening "sitters-in" to supplement the nursery scheme.

These matters were under consideration at the close of the year and in due course will be the subject of a joint report, embodying a revised scheme by the Health and Education Committees.

Educational Work.

Seventeen pupil health visitors took the training course in 1945 and of these 15 passed the examination at the first attempt; the other two passed after re-sitting.

During 1945, 37 pupil nursery nurses took the Diploma examination for the first time; of these, 36 passed, four gaining distinction. In addition nine pupils re-sat either the whole or part of the examination; of these, seven passed.

There are now 35 clinic assistants on the staff. They attend the pre-nursing course and six passed part I of the preliminary State examination during 1945.

Sanitation, Housing, Inspection of Food (statistics pages 107-113).

This subject is dealt with by Mr. F. J. Redstone, chief sanitary inspector, in the appendix, pages 27-48.

IV.—PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

For a short report on the effect of the trend of the incidence of infectious disease on the isolation hospital accommodation required in Bristol, see Appendix VIII, pages 76-78.

Assistance in Case of Epidemics.

In a circular dated 15th November, the Ministry of Health suggested that action should be taken to assist householders if infectious diseases assumed serious epidemic proportions during the winter.

A shadow organisation was accordingly prepared which would come into operation only if the need arose and under instructions from the Ministry of Health. Services personnel would be available by arrangement with the local Medical War Committee and the appropriate service departments. The Red Cross and St. John Societies would contribute assistance as far as the normal daytime duties of their members permitted and, if need be, health visitors and school nursing staff would be released from their normal routine work. Help in the home would be available from the Committee's home help scheme, supplemented by volunteer part-time duty. The W.V.S. would give such assistance as they were able, and the meals scheme would be considerably increased. These special arrangements were not intended to replace the help normally offered as between "good neighbours."

Fortunately the circumstances which these precautionary preparations envisaged did not arise.

Diphtheria.

Once again the most outstanding feature of this year's figures is the incidence of diphtheria. For the second year in succession the number of cases notified has been halved to give a new low record of 79 cases against 161 in 1944.

There were four deaths from diphtheria during 1945 (2 in 1944). None of these patients had been immunised.

It is beyond question that this greatly improved position is due to the large number of children who have been immunised against diphtheria. The position with regard to immunisation cannot be considered satisfactory, however, until a still larger proportion of the children have been immunised.

There has been an increase in the number of under fives immunised, over 5,000 in 1945 compared with 4,526 in 1944. A further 1,800 children were immunised after they had passed five years of age, and over 5,000 have had the single "booster" injection during the year.

Nearly 50% of the children are, however, reaching school age without having been immunised. With the proofs of the efficacy of immunisation now so clearly demonstrated locally we shall renew our campaign for 100% protected children in 1946.

The campaign will be launched early in the new year and it is hoped that parents, teachers, press, cinema managers, voluntary organisations, church leaders, doctors, nurses, chemists and all who have helped before will once again use their influence towards the achievement of the complete defeat of diphtheria in this city.

Cerebro-Spinal Meningitis.

The decline in the incidence of cerebro-spinal meningitis after the peak year of 1941 has continued, and 1945 (13) shows a slight decrease in the number of cases compared with 1944 (17). There were two deaths, the same as in the previous year.

Scarlet Fever.

The incidence of this disease shows little change from that of last year.

Whooping Cough.

The whooping cough epidemic of 1944, when 917 cases and 11 deaths were notified, continued into the beginning of 1945. During the year the epidemic abated, the total number of cases notified being 497, with four deaths.

Tuberculosis.

There is little change to report in the incidence of pulmonary tuberculosis during 1945 as compared with 1944, when the numbers of notified were 551 and 544 respectively. The number of deaths has increased, however, being 252 against 223 in 1944.

Non-pulmonary tuberculosis—81 cases in 1945—is, however, considerably below last year's low record of 104 cases, but the number of deaths, 54, returns to about the average of recent years compared with 31, a low record, in 1944.

Measles.

The epidemic, the commencement of which was noted in last year's report, with 813 cases notified by the end of the year, continued into 1945, when a total of 3,724 cases were notified.

Nine deaths resulted, five under one year of age, compared with two deaths in the previous year and six deaths in the epidemic of two years ago when the number of cases notified exceeded 5,000.

Dysentery.

The number of cases notified in 1945 (386) is the highest recorded.

This disease points to the need of much more careful handling of food supplies in the city. One fully recognises the difficulties with which food handlers have to contend, but a campaign for the better handling of foodstuffs and steps for the mitigation of nuisances are being undertaken.

Respiratory Diseases other than Tuberculosis.

Up to the close of the year there was no evidence indicating the commencement of any epidemic from influenza. Deaths from this cause numbered 22 in 1945 (27 in 1944), but the number of deaths from all pulmonary infections (excluding tuberculosis) was 588, compared with 479 in 1944.

Cancer.

Cancer remains the second principal cause of death; 783 deaths were recorded in 1945, 750 in 1944.

Heart Disease.

There has been a slight increase in the number of deaths from heart disease, 1,342 against 1,305 for the previous year; thus continuing the general trend which has been apparent for the past twenty years.

Tuberculosis (statistics page 88).

Dr. C. J. Campbell Faill, senior chest physician, reports as follows:—

"The work of the chest section in 1945 shows, as in previous years, a steady increase. A comparison with 1938 is not without interest. In 1938 there were 231 deaths from pulmonary tuberculosis and 40 from non-pulmonary; in 1945 the deaths numbered 252 pulmonary and 54 non-pulmonary—an increase certainly, but a much smaller increase than might have been expected when compared with the 1919 figures. One gratifying feature is the fall in the death rate among young adults (15-20 years). In 1938 it was pulmonary 45, non-pulmonary 13; and in 1945 pulmonary 37, non-pulmonary 11. This is perhaps not a great drop, but any decrease in the number of deaths from this acute and almost invariably fatal type of tuberculosis is to be welcomed.

The increase in the number of new cases examined is striking—in 1938, 1,695; and in 1945, 2,684. The great majority of these persons were sent by their family doctors for examination and an opinion, the number presenting themselves for examination on their own initiative being so small as to be negligible. This would appear to be a measure of the local general practitioners' view of the department's work.

One very striking increase is in the number of patients attending the clinic regularly for the refilling of artificial pneumothorax. As the space between refills varies greatly—some requiring refilling weekly, others going two, three or even four weeks between refills, the number of individual patients has not been recorded, but the actual number of refilling operations is set out:—

| | | | | | | | |
|------|-----|-----|-----|------|-----|-----|-------|
| 1938 | ... | ... | 653 | 1942 | ... | ... | 663 |
| 1939 | ... | ... | 801 | 1943 | ... | ... | 1,203 |
| 1940 | ... | ... | 694 | 1944 | ... | ... | 1,801 |
| 1941 | ... | ... | 535 | 1945 | ... | ... | 2,350 |

This work takes up a considerable amount of both the time and energy of the tuberculosis officers and is cumulative as an artificial pneumothorax once satisfactorily established, must be maintained for a minimum of two years and frequently longer. Fresh cases with an artificial pneumothorax are discharged home to the care of the clinic more rapidly than existing cases are discontinued.

Bristol, in common with other local authorities, experienced as a result of the war an increasing demand for sanatorium and hospital beds, resulting in a shortage of beds, yet, as the appended table shows, Bristol, by a series of improvisations, has actually increased its bed accommodation for tuberculosis by over one hundred.

| | | | | | | | |
|------|-----|-----|-----|------|-----|-----|-----|
| 1938 | ... | ... | 254 | 1945 | ... | ... | 356 |
|------|-----|-----|-----|------|-----|-----|-----|

The increased demand is partly due to the desire of the authority to remove from a crowded household an infectious person. There are chronic advanced cases with tubercle bacilli in their sputum. These patients, under reasonable home conditions and with care, are not particularly dangerous, but under present conditions of constant overcrowding are a menace to their relatives. In addition, there is the great difficulty—in most cases absolute impossibility of getting a chronic invalid nursed at home. Their female relatives, who in the past cheerfully shouldered the burden and usually carried out a somewhat thankless task admirably, are all out at work or else are too busy looking after the workers and the children to undertake anything more."

Financial Assistance (statistics page 101).

The arrangements made under the Government scheme were described in my report last year. During 1945, 404 applications for allowances were received and of these 327 were granted. The average weekly disbursements on account of allowances were :

| | |
|--|------|
| Maintenance allowances | £300 |
| Discretionary allowances | £12 |
| Special payments | £8 |
| Maintenance allowances (Social Welfare scales) | £51 |

The last item refers to allowances paid under the arrangement whereby patients ineligible for allowances under the Ministry of Health scheme are paid allowances on behalf of the Social Welfare Committee. This works quite satisfactorily and obviates the necessity of referring the patients direct to the Social Welfare Committee. The number of patients paid allowances under this arrangement has risen from 11 to 38 during the year, and it is expected that this figure will continue to show a steady increase.

The Ministry of Health scheme has been of great value in mitigating the financial embarrassment of patients and has helped to secure the patients' retention in the sanatorium and greater willingness to accept the discipline necessary to treatment.

With regard to rehabilitation, of 77 patients referred to the Ministry of Labour for suitable employment or training, 39 were found whole-time employment, two part-time and seven were introduced to training centres.

Extra nourishment by way of free milk grants up to two pints per day is granted to patients suffering from tuberculosis, subject to assessment under the income scale. During the year, 191 patients had qualified for this grant.

The Voluntary Care Committee has been able to assist necessitous patients and their dependants with bedding, clothing, footwear, and cash allowances for various purposes; a total of 130 applicants being dealt with during the year.

Thoracic Unit.

Cases requiring chest surgery continued to be transferred to Kewstoke Hospital where they have been under the care of Mr. R. Belsey, M.S., F.R.C.S., consulting thoracic surgeon, south-western region. The arrangements have remained similar to those described in my report last year, and Mr. Belsey has again undertaken work for the Health Committee at Ham Green Hospital, Frenchay Park Sanatorium, Southmead Hospital, and at the Central Health Clinic.

Owing to the demands on Mr. Belsey's time, it was not possible during the year to provide surgical treatment for all cases who required it, but it is hoped that with the falling off in the number of Service cases, which had priority of treatment, arrangements can be made for the arrears of work to be overtaken in the near future.

Mass Miniature Radiography. (statistics page 102).

Dr. E. E. Mawson, director of the mass miniature radiography unit, reports as follows:—

"During the year 1945, 30,162 persons were dealt with in the department. Pulmonary tuberculosis of significance was revealed in 547 cases, of whom, however, 341 did not call for action; 34 were referred to their doctor's care; 82 required dispensary treatment, and 40 were sanatorium cases. A considerable number for whom some continued observation was desirable received this in the mass radiography department; many after a few months were discharged as quiescent; some eventually, needed dispensary or sanatorium treatment, and 43 still remain in the department's care. Seven persons failed to co-operate in regard to the clinical examinations.

In 319 other cases, significant conditions other than pulmonary tuberculosis were revealed; 241 did not call for action; 40 were referred to their own doctor's care; 13 cases were referred to the thoracic surgeon or for hospital treatment; 23 others are receiving observation in the department, and two persons did not attend for the clinical examination offered them.

The year has seen a considerable development of the mobile aspect of the service. Two large 'outside city' surveys were undertaken—one during February and March in Bath for the benefit of the Admiralty staff there, and the second for the Wiltshire County Council in May and June for industry in Swindon. In addition, two outside centres were established in Bristol for a week each, where one large firm accommodated the unit for a week for its own employees and those of smaller neighbouring firms.

The year's work has also covered a greater variety of persons than hitherto, representative of all classes, ages and occupations. We have touched workers in practically every type of industry—civil servants, N.F.S. personnel, office workers in banks, insurance offices, building societies, etc., shop assistants, housewives, contacts of tuberculosis patients, university students and school children, etc.

In the latter half of the year the demand for mass radiography in the country generally, and the numbers participating, were adversely affected temporarily because of the fluid situation which arose in industry from labour redundancy created by the cessation of hostilities. The Bristol unit's experience in this respect was common with that of its colleague units elsewhere, and a sudden lull in the work here occurred in the early autumn. We took the opportunity it offered to start annual repeat surveys in the mental colonies. Before the end of the year, however, restored interest in the scheme, combined with our ability to offer the mobile service demanded to ensure mass participation, had already filled quite a considerable part of our programme for 1946."

The Cancer Act, 1939.

The Ministry of Health having approved the Council's scheme of interim arrangements under the Cancer Act, 1939, in a modified form, as detailed in my report for last year, part of the scheme was brought into operation on January 1st, 1945.

All Bristol residents are now entitled to treatment under the scheme at the Bristol Royal Hospital, Southmead Hospital, and also approved cases have been sent to Kewstoke thoracic surgical unit. The Council also accept the cost of out-patient treatment for all Bristol cases, and pay the travelling expenses of patients who cannot afford to make their own arrangements.

A central register of all cases is kept at the health office, and subsidiary registers of in-patients and out-patients are kept at the respective hospitals.

A standard form of clinical records has been adopted for statistical purposes in accordance with the recommendation of the Ministry of Health. Such clinical records, although the responsibility of the recognised hospital, have been centralised for the purpose of following-up and analysis, under the charge of Dr. Bryan Adams at the radiological department of the Bristol General Hospital Branch.

Arrangements have been made whereby the almoners notify the medical officer of health of all cases discharged requiring assistance, such as home helps, and visits by nurses of the Bristol District Nurses' Society. In addition, arrangements have been made with the Tuberculosis Voluntary Care Committee whereby the welfare officer will provide bedding, etc., in necessitous cases.

Medical practitioners have been notified of the facilities available to Bristol residents, and the Bristol District Nurses' Society provide domiciliary nursing facilities.

Statistics of the cases accepted during the year are included in Appendix X, page 105.

Appendix I.

THE ENVIRONMENTAL HEALTH SERVICES SECTION

Chief Sanitary Inspector - - - F. J. REDSTONE
Deputy Chief Sanitary Inspector - - R. WILLIAMS

Senior Housing Inspector - - - C. E. BOWDEN
Senior Food Inspector - - - H. M. GOULD
Senior Port Health Inspector - - E. I. DAVIES

With comments on the following departmental sections :—

GENERAL SANITATION

HOUSING

MEAT INSPECTION

FOOD INSPECTION

RAT AND MICE DESTRUCTION

PORT HEALTH (see Appendix II, pages 49-53).

SANITARY CIRCUMSTANCES, HOUSING AND INSPECTION OF FOOD

By Mr. F. J. REDSTONE, Chief Sanitary Inspector

An attempt has been made in this report on the Environmental Health Services to stress those phases of the work in which some progress has been made, and to indicate the other matters which call for attention in this ancient and delightful City of Bristol.

Although we are rather pleased with some of the results obtained, sometimes in consequence of a new approach to old problems, we are, at the same time, very conscious of all those things which have inevitably been left undone. It will perhaps be realised that this has not been the result of any lack of will to carry out fully all those duties with which the Department is charged, as staff, labour and material shortages have had a wrecking influence on many good intentions with which the year opened.

The quiet and patient manner in which the general public have tolerated unsatisfactory conditions has been remarkable, but for the sake of public health we yearn for the day when all the various frustrating agencies, most of which are a direct result of the nation's war effort, will be dissipated.

The Health Committee has clearly indicated that nothing less than the best possible conditions that can be obtained under prevailing circumstances must be accepted, and a real attempt has been made to carry this policy into effect.

The Chief Sanitary Inspector's Department assisted very materially in the important work of health education, and many of the lectures given to the various adult and youth organisations aroused such interest that continuous requests are being received for these talks, which are obviously much appreciated by the general public, who are increasingly anxious to be well informed on matters of public health interest.

During the year Mr. C. S. Hodges, senior housing inspector, was appointed technical assistant in the Housing Manager's Department.

Successes during the year by officers of the section: R. Williams, examination of the Royal Sanitary Institute—"Advanced knowledge in duties of sanitary inspectors."

Office Administration.

Last year it was pointed out that this department had achieved a reorganisation of office administration and that by this it was hoped to release the sanitary inspectors for still more technical work by relieving them of as many clerical tasks as possible. The system has proved its value during the current year, as although there are still innumerable difficulties peculiar to post-war conditions, complaints dealt with numbered 6,111, which is almost double those of last year and nearly three times the number dealt with in 1943. In fact, the reorganisation and rearrangement has more than achieved all that was hoped for. Experience has shown that it may be necessary to adjust the ratio of inspectors to each group clerk so that not more than three inspectors have the services of one group clerk. This is part of the price to be paid for releasing the inspector from so many of his clerical duties which, in turn, enables him to increase his output of technical work accordingly.

City and County of Bristol

DEPARTMENT OF PUBLIC HEALTH — MEDICAL OFFICER OF HEALTH ENVIRONMENTAL HEALTH SERVICES

Chief Sanitary Inspector - - - - - 48 Queen Square, Bristol 1

| HOUSING | SANITATION | MILK and DAIRIES | FOOD and DRUGS | PORT HEALTH |
|---|--|--|--|---|
| <p>Housing Act, House Inspection and Report.</p> <p>Clearance Orders, Local Public Enquiries.</p> <p>Demolition Orders.</p> <p>Closing Orders, Parts of Buildings, Underground Rooms.</p> <p>House Repairs, Specification of Works, Supervision of Work Carried Out, Repair Contracts, Local Land Charges Register</p> <p>Abatement of Overcrowding.</p> <p>Common Lodging Houses, Registration and Routine Inspection.</p> <p>Houses Let in Lodgings, Registration and Inspection.</p> <p>Statutory Notices.</p> <p>Legal Proceedings.</p> | <p>Public Health Act, Complaints and Investigations, Abatement of Nuisances, Water Supplies (Purity and Sufficiency), Offensive Trades (Inspections and Registrations), Smoke Abatement, Camping Sites (Tents, Vans and Sheds), Infectious Disease—Enquiries, Disinfection and Disinfestation, Drainage, Inspection of Entertainment Houses (Sanitation and Ventilation), Nursing Homes (Sanitation), Mortuaries (Inspection and Re-interment).</p> <p>Factories, Workplaces & Shops, Factories Act, Registration, Outworkers, Sanitation and Hygiene.</p> <p>Shops Act, Sanitary Accommodation, Heating, Lighting & Ventilation.</p> <p>Rag Flock Acts, Sampling to Check Cleanliness of Flock.</p> <p>Bristol Corporation Acts, Aged & Infirm Persons (Removal), Noise Nuisance, etc.</p> <p>Rats & Mice (Destruction) Act, Rat Destruction, of Buildings, Rat-Proofing of Buildings.</p> <p>General Legal Provisions, Statutory Notices, Legal Proceedings.</p> | <p>Food and Drugs Act.</p> <p>Milk and Dairies Regulations, Supervision of Production and Purity of Milk, Inspection of Cowsheds & Dairies, Sampling of Water Supplies.</p> <p>Milk (Special Designations) Regulations, Licences to Produce, Bottle & Sell, Inspection of Pasteurisation Plants, Sampling for Efficiency of Heat Treatment, Compliance with Licence Standards, Sampling of School Milk, Sampling of Milk Supplied to Institutions.</p> <p>Butter & Margarine Factories, Artificial Cream Regulation.</p> <p>Registrations, Reports and Legal Proceedings.</p> | <p>Food and Drugs Act, Sampling, Preservatives in Foods, Inspection & Registration of Food Preparing Premises.</p> <p>Meat Inspection, Examination of all Animals Slaughtered in Public Abattoir and Slaughterhouses, Inspection of Meat Shops, Markets and Stalls, Emergency Slaughter—Casualties, Foot & Mouth Disease, etc. Issue of Certificates Regarding Meat Condemned, Condemned Meat—Supervision of Disposal.</p> <p>Slaughter of Animals Act, Licences to Slaughter, Records Charges and Accounts.</p> <p>Pharmacy & Poisons Act, Fertilisers & Feeding Stuffs Act.</p> <p>Merchandise Marks Act.</p> <p>Agricultural Produce Act.</p> <p>Destructive Insects & Pests Act. Noxious Weeds.</p> <p>Hygiene of Food Premises. Inspection of Canned & Other Foods, Sampling for Chemical Analysis.</p> <p>Investigation into Food-Borne Epidemics, Sampling for Bacteriological Examination, Collection of Specimens, Visits to Contacts.</p> <p>Registrations, Licences and Legal Proceedings.</p> | <p>Public Health Act.</p> <p>Port Sanitary Regulations.</p> <p>Public Health (Aircraft) Regulations.</p> <p>Imported Food Regulations.</p> <p>Preservatives in Food Regulations. Health of Crew—Enquiries. Infectious Disease Enquiries, Venereal Disease Information. Ship Inspection. Hygiene of Crew Accommodation. Ship Drinking Water Supplies. Inspection of Imported Food. Sampling of Food. Disposal of Unfit Food. Rat Destruction Measures. Issue of Deratisation Certificates and Exemptions. Disinfection of Ships and Dock Premises. Disinfection. Inspection of Canal Boats. Dock Area Sanitation.</p> |
| | | <p>HEALTH EDUCATION</p> <p>Lectures & Demonstrations to :— Various Organisations, including : Adult and Youth Clubs, Women's Guilds, Secondary Schools, Pre-Nursing Classes, Public Health Students, Red Cross Hygiene Classes, Domestic Entomology Classes, Film Shows.</p> | | |

Repairs to Property in Owners' Default.

In connection with statutory public health notices served by the department during 1945, it was necessary to institute legal proceedings with regard to repairs required at 139 properties, and of that number 42 properties were then repaired by their owners. In the remaining cases, after the due formalities had been observed, it would be necessary for the Bristol Corporation to carry out the work in the owners' default. It had been the procedure up to this time for the department to refer all such cases of default work to the city engineer or city valuer. After some 70 cases had been dealt with in this way the city valuer was forced by pressure of work, plus the increase in the number of cases referred to him, to request that such work should now be done by the health department itself. The Health Committee decided that this should be tried, and arrangements were immediately put in hand to cover this additional responsibility.

Housing.

During the war years many difficulties were encountered in securing essential repairs to dwellings and it gives great satisfaction to health departments to learn that housing must be awarded the highest priority in the work of reconstruction. The fact has to be faced however, that the majority of building labour available must be employed on new housing and that the repair of existing properties must still be kept at a minimum compatible with tolerable conditions being maintained. It is for this reason that the vast majority of repair work undertaken in this city has been confined to the remedying of urgent matters, and this action, taken to secure only minimum standards, has resulted in a great increase in the number of cases referred for legal proceedings under the Public Health Act. Many reasons have been given by owners for failure to carry out repairs, but mainly these can be classified under two headings, viz., shortage of labour and material. A further complication has been the claims made that disrepair is due to war damage, and considerable care has been exercised to ensure that these matters have been dealt with fairly in all respects. Action under the Housing Act has been taken in connection with properties which have been found in such a shocking condition as to be totally unfit for human habitation or so structurally unsound as to be dangerous to the occupants. There were 91 properties dealt with in this way during the past year, which represents an increase of 56 over the 1944 figures.

Many owners have stated that their property is beyond patching, but in a few cases the Housing Committee agreed to a short-list of repairs, which had the result of deferring the making of a demolition order on the property for a few years, after which it is hoped that the present housing emergency will have considerably lessened. This "patch procedure" can only be adopted occasionally as most of the houses referred to were worn out seven years ago and are being used, with a detrimental effect on the health of the occupants. A policy of "make do and mend" will no longer maintain even tolerable conditions in these makeshift dwellings. Indeed, the time has come when the fabric of these dilapidated properties has so far gone that many are placing demolition orders on themselves by falling down. Some hundreds have been referred to the city engineer's department as dangerous and ruinous buildings and, in a few cases, the feared collapse has taken place only a short while after the premises have been vacated. During the war "first aid" repair squads were employed following enemy action, and it is considered that a useful purpose would be served if some "last aid" repair squads could be employed to deal with much of this old property pending the provision of alternative accommodation under the new housing programmes.

Survey of Central Area and Proposed Trading Estates.

Close co-operation with other departments in the preparation of post-war reconstruction schemes continues and, although the survey of properties contained in the above-mentioned areas was held up due to shortage of inspectorial staff, it is confidently hoped that the section of the survey which is urgently required by the chief planning officer will be completed during the early months of 1946. Already 1,804 dwellings have been individually surveyed and classified, and 2,229 other buildings scheduled in accordance with pre-determined categories. It is intended to give full details of these surveys in the next annual report.

One application for a grant under the Housing Rural Workers' Act to convert a large farmhouse into two cottages was received and supported by the department.

Twenty certificates were issued under the Increase of Rent and Mortgage Interest (Restrictions) Act regarding dwelling houses which were not in all respects reasonably fit for human habitation. This figure represents an increase of seventeen on the 1944 issues and indicates the growing concern of those unfortunate people who are still forced to live in unsatisfactory conditions.

Every effort on health grounds was made by the department to secure alternative accommodation for families in dire need, and their applications to the housing manager were supported in every case.

Temporary Dwellings.

The establishment of movable dwellings on sites in various areas of the city caused many complaints. A petition was received in one case from 212 residents complaining of nuisance arising from gypsies camping on land adjoining their houses. In another case, a family was found occupying a blitzed site in the centre of the city. These encampments are contrary to the best interests of public health, and reports made to the Health Committee were followed by action which secured the vacation of each unauthorised site.

Premises with Cess Pool Drainage.

The city engineer is now in a position to consider proposals to convert properties with cesspool drainage to sewer drainage. Surveys are being carried out and lists of properties concerned are supplied by this department for consideration. There are many premises on the outskirts of the city which require attention in this way and the necessary work will be undertaken as soon as circumstances permit.

Filthy and Verminous Homes.

It is rather surprising in these times to find that there are families living under filthy and verminous conditions. Whilst the number is admittedly small, it is a sorry state of affairs that some people by reason of lack of intelligence, home training or domestic difficulties are so apathetical that they neither possess the initiative nor the will to interpret the word cleanliness or translate it into practice as a well-formed habit. These conditions are bad enough when the occupants are aged people who have fallen into a state of self and home neglect, but where families with a number of young children are involved, the position is even more unsatisfactory. Work of an educational character and encouragement was given during the visits made to such homes by the sanitary inspectors, but where friendly advice in this way failed, it was necessary in 81 cases to serve notices calling upon the occupants to clean up their homes. This resulted in a permanent improvement in some cases, but only a temporary improvement in others; it has to be admitted that a real solution for dealing with these "problem families" has yet to be found. From time to time the attention of the department has been called to aged and infirm people living alone who are in need of care and attention, and every effort was made to avoid compulsory removal to institutions under the powers of the Bristol Corporation Act, 1930. In this connection a tribute must be paid to the work carried out by Mrs. L. Steele, who is employed in the health department on this special type of home visiting.

Dampness in Buildings.

Of the many complaints received regarding unsatisfactory conditions found in dwelling houses, it can be said that dampness is one of the most difficult to deal with. It is normally stated that the more serious dampness may be due to three causes, it may be rising in the walls, due to the absence of or defective damp-proof course; it may be penetrating, through defective wall construction or renderings, or descending because of leaking roofs or roof gutters. It is by no means the case that all dampness is due to one of these three defects, and it is for this reason that care is exercised in diagnosis so that unnecessary work may be prevented in attempts to cure the various damp conditions found in buildings.

During the year an interesting and puzzling case of dampness was referred to the department. The chief sanitary inspector visited the dwelling house to find that a boarded floor of a front bedroom was extremely wet; the walls of the building were well constructed in stonework and there were no burst pipes or leaking down pipes present. The roof of the property was sound and the ceiling below the wet floor quite dry; it was clear that an unusual cause of the dampness had to be found. The bedroom floor was covered with a carpet which was saturated; this carpet was turned back, a clean bottle was swilled out with boiling water, a small quantity of warm water was then poured on the floor, mopped up with a clean cloth, and wrung into the bottle. The resulting liquid was then despatched to the public analyst, and the following day a report came through that analysis had revealed a high percentage of salt in the floor washings submitted. Further inquiries at the house produced

HOUSING ACT, 1936

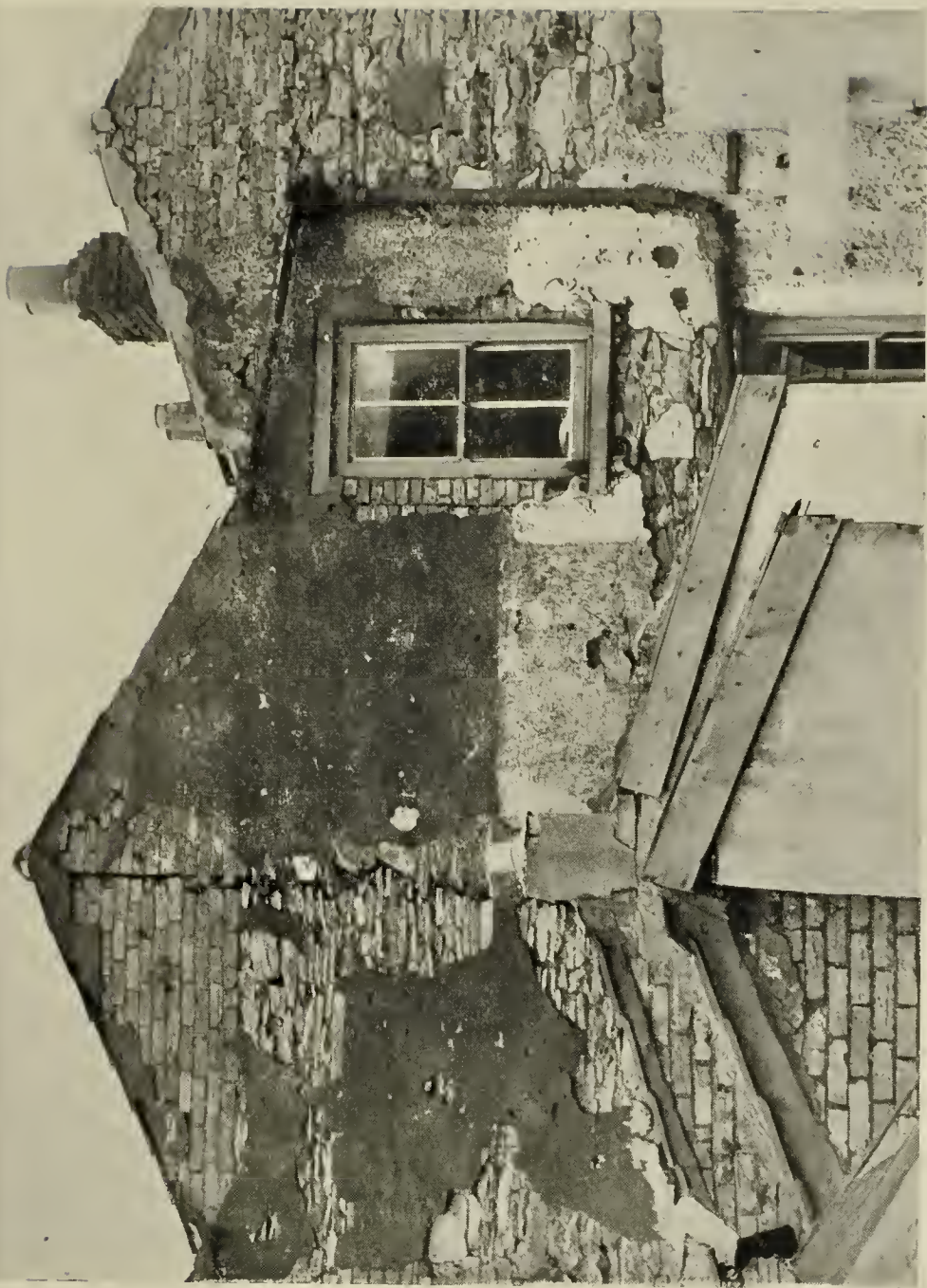
Following a demolition order the family occupying the cottage on the right was rehoused only a few days prior to collapse shown above





HOUSING ACT, 1936

During 1945 demolition orders were made on these and many occupied dwelling houses in similar condition



HOUSING ACT, 1936

During 1945 demolition orders were made on these and many occupied dwelling houses in similar condition

information that the secondhand carpet had been purchased and laid on the floor during the summer months and that it had been cleaned by the seller with deliquescent material. During the winter months the residue left over from the cleaning operations had proved attractive to the moisture in the atmosphere. The carpet was properly cleaned, the floor scrubbed, and this puzzling case of dampness was thus solved.

Prevalence of Dry Rot in Buildings.

The Ministry of Health drew attention to the increase of dry rot in both domestic and industrial buildings, and reports were made to the Health Committee on its prevalence in this city, when it was indicated that circumstances arising as a result of the war had created conditions favourable to the growth of this fungi. As a result of the publicity given to the matter many property owners and tenants asked for the assistance of the department in dealing with their special problems. The spores of dry rot are ever present in the atmosphere and only await conditions favourable to their development; in fact these spores have been found in samples of air obtained at a considerable height over the North Sea.

There are several species of fungus which produce dry rot in buildings, notably:—

Merulius Lacrymans: This will be found in moist, rather wet timber, the visible characteristics being cross cracks, darkening of colour of wood and charred appearance and, in some cases, the fungus forms into a thin blanket, greyish in colour. This is the worst and most frequently encountered species.

Poria Vaporaria: Manifestations are very similar to those of *Merulius Lacrymans*. *Poria Vaporaria* however, demands moister conditions and is comparatively seldom found in houses.

Coniophora Cerebella: Generally found in cellars, roofs and bathrooms in WET timber or on wood floors laid on wet concrete. Strands are yellowish brown to black. Cracks on surface of timber are longitudinal. Sometimes forms a yellowish skin over wood.

Paxillus Panuoides: Wood attacked becomes yellowish, deepening to reddish brown. Growths yellow, fan-shaped and fleshy. Only found in very damp wood and is rare in houses.

By far the most common and destructive fungus is the malignant *Merulius Lacrymans*, which can produce strands or strings varying in thickness from the diameter of a thread to that of a pencil. These feed on wood substances which they digest and convert into sugars. In search of nourishment in the shape of new timber to destroy, they can spread over inert substances such as brickwork, stone and metal, even though they do not get any food substances from them. They can even penetrate a brick wall, through the mortar. The strands carry not only a reserve of food material, but also water, which enables the fungus to thrive on other timber which may be fairly dry. In this way dry rot can spread from room to room and from house to house. After a period of time a fleshy outgrowth called a "fruit body" is put out, which disseminates millions of microscopically small "spores" capable of spreading infection through the air. The dry spores can live for years awaiting suitable conditions to spring into life again.

REMEDIAL MEASURES: In order to eradicate dry rot it is necessary to completely remove all affected timber, cutting away 12-18 inches beyond the last visible signs of attack. Remove all loose plaster, earth or rubbish in its vicinity. Adjacent brickwork should be scrubbed, preferably with a steel brush, and treated with the flame of a blow-lamp. It may also be treated with a sodium fluoride solution made by dissolving 6 oz. of commercial sodium fluoride in one gallon of water. Timber used in replacement should be thoroughly impregnated with a fungicide, preferably some form of coal-tar derivative such as creosote solution, or alternatively a water or oil soluble preservative should be used; there are a number of effective proprietary wood preservatives of this type on the market. See that there is proper ventilation under the floors and around the woodwork. Dampness should be prevented. The principal preventive measure against dry rot is the provision of means for the free circulation of air, in a word—"VENTILATION."

Registration of Nursing Homes and Nursing Agencies.

Applications for registration of these premises are dealt with by Central Health Clinic and this department co-operates by furnishing information regarding the suitability of the accommodation concerned. The sanitary inspector visits and inspects the premises, reporting on the conditions found. In this connection, much difficulty was experienced in arriving at an accurate opinion as, in many cases, detailed statements regarding the use to which the rooms and accommodation would be put were not supplied by the applicants. To obviate this difficulty, in collaboration with the Registration Department, a scheme has been arranged and a form prepared which, when completed by the applicant, enables the department after inspection of the premises to give a considered opinion on their suitability. These buildings are an extremely important adjunct to public health work, and the closest co-operation exists between the departments responsible for their supervision.

Disinfection.

The work of the disinfecting station is not spectacular, but at the same time a great deal of work is carried on there which renders bedding, clothing and other materials safe after cases of infectious disease, and this gives a sense of security to all the households concerned. With the cessation of hostilities many thousands of mattresses and bedding used for air raid precautions and hostel purposes were thoroughly disinfected prior to redistribution to the general public as surplus stores. In addition, several special jobs were undertaken, for instance, the disinfection of some hundreds of Braille books which had been stored throughout the war by the Bristol Blind School.

Following heavy storms, an appeal was made to the department by a number of persons living in dilapidated property to assist in the drying of bedding which had become saturated. This bedding was dried and returned to the owners the same day, free of cost.

Sterilisation of Air.

It has been stated that of all the reasons responsible for loss of time in industry, unsatisfactory respiratory conditions rank most highly. That the air of enclosed places is the principal vehicle for the dissemination of respiratory diseases is becoming recognised and measures to combat it are being adopted by means of ultra-violet radiation, dust suppressive methods and the use of various germicidal vapours such as hypochlorous acid or glycol. In view of this there is a growing desire on the part of those responsible for the conduct of public buildings to pay more and more attention to the important matter of atmospheric disinfection.

The medical officer of health has been concerned about the build up of infection which may occur in certain hospital and clinic buildings and considerable thought has been given to this matter by the chief sanitary inspector, who has carried out a series of experiments to test the bacteriocidal effect of spraying against the normal air-borne organisms. It is essential that the material used shall have a high germicidal value combined with non-irritant properties, and it has been found that not all the spraying liquids available conform to these fundamental requirements. When a final choice has been made as to the material to be employed there is no doubt that its effectiveness will largely depend upon the provision of suitable apparatus for its application. An approach therefore, has been made to a local engineering firm extremely interested in this problem and as a result of suggestions made, experimental apparatus has been constructed, which when finalised, should enable the rooms of buildings to be disinfected from time to time by the turn of a pressure valve provided in a convenient position.

Sufficient has been said to indicate that more attention must be given to this matter if we are to prevent a false sense of security. Meanwhile, periodic spraying is being carried out as a routine measure in certain buildings under the control of the Health Committee.

Smoke Abatement.

The number of complaints received during 1945 with regard to smoke and grit nuisances increased considerably, thus showing a tendency for citizens to be rightly impatient about atmospheric pollution. This, unfortunately, is a phase of public health work which has had to be neglected during the war years because of various difficulties, not the least of which is the type of fuel supplied to industrialists for consumption in their boiler plants. Action was taken to secure the cessation of grit

nuisances by provision of additional boiler plant, grit arrestors, and where possible an improvement in the grade of fuel supplied. Although much of this work, involving structural alterations, was delayed because of labour and material shortages, every effort was made by the department to expedite the necessary arrangements.

Many complaints were received regarding a persistent and objectionable oil fume nuisance but, as the year closed, the firm concerned was making every effort to secure a solution to this problem. Grit and smut nuisances from railway engines adjacent to residential property were complained of and satisfactorily abated. Two petitions were received complaining of coal dust spillage and the co-operation of many traders and other undertakings had to be secured, before more cleanly conditions were established in the areas concerned.

The Bristol and District Regional Smoke Abatement Council re-opened its advisory work during the year, and an important meeting was addressed at the Council House by Mr. Arnold Marsh, Secretary of the National Smoke Abatement Society. This speaker dealt with the importance of local authorities paying attention to smoke prevention in their reconstruction plans, and mentioned the contribution district heating can have in this connection.

The importance of preventing smoke as distinct from its abatement is now becoming more widely recognised. It is, therefore, pleasing to record that special visits to the National Physical Laboratory at Teddington and the Fuel Research Station at Greenwich were paid during the year by the housing manager, the public analyst and the chief sanitary inspector. During these visits experiments being made with the latest smokeless domestic grates were observed and much information regarding the measurement of atmospheric pollution was obtained.

A note of appreciation for the ready assistance given by Dr. E. J. Mahler, Ministry of Health Alkali Works Inspector for the South Western Region must be recorded.

Providing every use is made of the modern appliances which have been invented to give smokeless combustion, there is every reason to hope that Bristol's atmosphere will become progressively cleaner.

Meat Inspection.

Since 1939 Bristol has been the slaughtering centre for home killed meat consumed in the city and other areas in the region, including Bath, Thornbury, Warmley, Chipping Sodbury, Kingswood and Mangotsfield. In addition, meat slaughtered in outside areas passed through and was inspected at the Meat Depots prior to distribution. The normal routine inspection of all meat slaughtered in the city was carefully followed and a total of 148,946 carcasses were dealt with in this way at the abattoirs, bacon factories, and the various institutions. This procedure resulted in nearly 415 tons of meat being condemned as unfit for human consumption.

Improvements were carried out to the cattle lairage at the Gordon Road public abattoir by the provision of additional water troughs. Members of the abattoir staff were thanked for their work in connection with the removal of blackout arrangements which considerably improved working conditions. More satisfactory accommodation was provided for slaughtermen to prepare and take their meals, and facilities were arranged for drying their clothes at the end of each day's work. Conditions for meat inspection at Hotwells lairs were improved by the provision of an office for the meat inspector and representations were made with regard to the more satisfactory lighting of the premises.

A letter of thanks was received from the Ministry of Food in connection with assistance given by the department leading to the salvage of a considerable amount of meat made available for human consumption.

Wholesale Meat Markets.

For some years the Health Committee and the general public have been dissatisfied with the meat handling arrangements at certain wholesale meat depots. During the year special attention was paid to this matter and many meetings were held with Ministry of Food officers with a view to improving distribution facilities. Direct allocation from the abattoirs to meat retailers was suggested and as the year closed negotiations for the use of more hygienic and modern buildings for this purpose were being considered.

Further discussions were held in connection with the new meat precinct at Avonmouth and certain bacon factors made representations as to the possibility of their establishment in this area in the near future. This co-operation from the meat trade and trend of opinion is encouraging; many enquiries have been made from other cities regarding the scheme adopted by the Bristol Health Committee for the creation of a new centre for all meat facilities.

Central Food Markets.

Close attention was paid to the inspection of food at the fish, fruit and vegetable markets during early morning and other visits. The full co-operation of the traders was secured in this matter and this is all the more appreciated in view of the difficulties under which business is carried out in these old-fashioned and obsolete premises, where it is impossible for really hygienic conditions to be established or maintained. Whilst housing is undoubtedly first priority in rebuilding, it is reassuring to know that representations made for more modern and suitably sited premises have already been considered.

Food Inspection.

Milk and Dairies.—Legislation which would place the supervision of cowshed premises under the control of the Board of Agriculture has not yet been confirmed and further work was therefore carried out under the supervision of the inspectors. Ten farms were reconditioned, and regular visits were made to dairy premises which, bearing in mind the difficulty in obtaining material and labour, resulted in a considerable amount of essential work being completed.

Heat Treatment of Milk.—The Ministry of Food inaugurated a scheme in 1944 under which from the 1st November of that year they would pay an allowance to dairymen in respect of milk heat-treated by them. All the milk on which the allowance would be paid must be subjected to heat treatment and such milk would include pasteurised, tuberculin tested (pasteurised), heat-treated (homogenised), or sterilised. The tests to be applied to these milks are the phosphatase and methylene blue in the form set out in the Heat Treated Milk (Prescribed Tests) Order, 1944. Milk to which the designations "pasteurised" or "tuberculin tested pasteurised" are applied in accordance with the licence under the Milk (Special Designations) Regulations, will be subject to these two tests in addition to the usual tests for such milks.

The Minister of Food has not yet "specified" this area under the Defence Regulations 55 G—Restriction on the Sale of Raw Milk, but in his letter to food and drug authorities dated 1st March, 1945, he states that he would be glad if, pending specification of particular areas, the authority would arrange to apply the tests required. It is necessary to supply the Ministry of Food at the end of each month with returns of the samples taken, giving particular details of those which prove unsatisfactory. The additional samples and necessary records considerably increase the work of the food and drug section and special arrangements have had to be made to cover both additional clerical and inspectorial duties.

Distribution of Milk.—Again this year the department received many complaints regarding the "milkless day" operated by the dairy trade in this city. Some milk consumers found that the milk did not keep for two days even when it was scalded. The Ministry of Food were approached and they stated the labour position was worse than at any period of the war and that the situation was made still more difficult by lack of sufficient vehicles for the use of the dairy trade. Arrangements were made for the collection of milk by priority customers on milkless days, but this caused hardship where customers lived some distance from their dairy. The Health Committee decided to make further representations to the Ministry of Food on the matter and it is hoped that this will result in an improvement in the supply.

In connection with milk distribution, it would be appropriate to mention that the "square" bottle is likely to replace the round one now used in the dairy trade. The Society of Dairy Technology is investigating the desirability and possibility of introducing standardised bottles in this country, and the American innovation of the square bottle is a timely one. With new crates designed for square bottles dairy firms have found that they are able to store about 45% more milk in their cold rooms. Such a saving in space also makes it possible to handle considerably more milk on their vehicles. Customers appear to have accepted the square bottle from the start, the most frequent comment being that the bottle "pours like a pitcher" and that it is easier to handle. Others like the new bottle because it does not roll.

From the public health point of view, it is hoped that if the outside of the bottle is square the inside will remain rounded as at present so that proper cleaning and sterilisation will not be hindered. In fact, the Society of Dairy Technology might well be approached to explore the possibility of doing away with bottles altogether and substituting suitable sterile containers, which can be dispensed with when empty, such as the waxed cardboard carton which was rapidly finding favour before the war. It appears that the main objection to it then was entirely an economic one.

Ice Cream.—Before the war there were 524 persons registered with this authority under the Bristol Corporation Act, 1926, for the manufacture and sale of ice cream. At that time Bristol was one of the very few authorities which insisted on such premises being registered, the power to do this being incorporated in the local Act mentioned above. In 1938 a new Food and Drugs Act was passed which came into operation in 1939 and this brought the whole country into line with the provisions of our local Act. Since this new Act and the advent of the war, with the consequent destruction of a number of these premises, coupled with the fact that the Ministry of Food Order prohibited the manufacture of ice cream, the existing register was in dire need of review. A survey of registrations is now being made and where the premises are satisfactory they are being re-registered under the Food and Drug Act, 1938.

School Meals.—There are twenty-five school kitchens in existence which supply meals to 100 school canteens. There is close co-operation between the canteen department of the Education Committee and our own, which has facilitated the supervision of these premises. Nevertheless, there is still need to stress the necessity of obtaining the comments of the health department before kitchens are actually opened. In this way it is suggested that there would be a more satisfactory lay-out and a better standard of sterilisation of equipment attained.

Food Sampling.—During the year over 2,350 samples of food and drugs were taken and submitted for analysis, and of those 122 were condemned by the public analyst. Infringements of the Food and Drug Act made it necessary to take legal proceedings in seven cases which resulted in penalties being imposed in each instance. There were a further 12 cases where cautions were administered by the town clerk and 10 cases of contraventions under the Ministry of Food Orders which were referred to that department for appropriate action.

Under the Pharmacy and Poisons Act, 1933, 362 applications for the renewal of registrations were granted. Regular visits ensure that a careful check is kept on the sale of poisons under Part II of this Act.

Bacon Contamination.—Imported bacon provided rather an interesting investigation. Amongst a shipment of Canadian bacon of some 480 sides, 40 were found to be discoloured with blue patches. Sections of the discoloured skin and portions of the fat immediately beneath the skin were removed and submitted for examination to the public analyst, who reported that the skin was affected with copper contamination to the extent of 150 parts per million and the fat contained 8 parts per million.

Investigation proved that there were no copper ingots carried with this particular cargo by the steamer concerned and that the contamination had probably occurred from copper sweepings left from a previous cargo. On the report of the public analyst, the sides were trimmed, with a result that of the 40 sides contaminated, which represented about one ton in weight, it was necessary to destroy only $1\frac{1}{2}$ cwts. of the bacon as unfit for human consumption, thus saving $18\frac{1}{2}$ cwts. which, in these days of scarcity, represents a sufficient quantity to supply over 11,000 people with their bacon ration for one week.

Foot and Mouth Disease.—Early this year foot and mouth disease occurred in adjoining districts and, as a result of information from one of the authorities in question, it was necessary to visit some premises where affected pigs had been brought in for disposal as bacon. Some seventeen pigs were condemned and subsequently destroyed, after consultation with the veterinary officer to the Ministry of Food. The premises were thoroughly washed down with a solution of washing soda and, after discussion with the town clerk's department, the usual instructions in connection with precautions to be taken in an area declared to be affected with foot and mouth disease were issued.

Elimination of Tuberculosis in Dairy Herds.—As mentioned in the annual report last year, the department inaugurated a scheme of notification to the divisional veterinary officers of the Ministry of Agriculture and Fisheries of all calves slaughtered in the city and found on examination to be affected with tuberculosis. The notification gives details of the age, colour and weight of the calf and the farm from whence it

originated. The scheme was so successful that it has been maintained, and below is a chart setting out details, from which it will be seen that out of 61 notifications of infected calves, 30 cows were slaughtered under the Tuberculosis Order during the current year.

| COUNTY | No. of Calves notified | EXAMINATION OF DAMS OF CALVES | | |
|-------------------|------------------------|--|------------------|-------------------------------|
| | | Found to be TUBERCULAR and slaughtered | Reported healthy | Source of infection not found |
| SOMERSET | 46 | 23 | 11 | 12 |
| WILTSHIRE | 5 | 4 | — | 1 |
| GLOUCESTER | 10 | 3 | 3 | 4 |
| TOTALS | 61 | 30 | 14 | 17 = 61 |

This is quite apart from those cows slaughtered as a result of sampling of milk for biological testing. It may be of interest to mention in this connection that as a result of taking 1,252 samples of milk, 20 cows were slaughtered.

It is of vital importance to ensure that all possible measures are taken for the reduction of sources of infected milk supplies. The success of the calf notification scheme is so encouraging that although it involves communications and contacts with the Ministry of Agriculture and Fisheries' veterinary officers, county sanitary inspectors, auctioneers, and considerable work on the part of the meat inspectors and the office in tracing the data upon which the investigations are based, it certainly appears to be most worth while.

Much of the success of the scheme is due to the ready co-operation of the veterinary officers and, indeed, all concerned. Everyone is tremendously keen to do all they can to reduce possible tubercular infection.

Inspection of Food Premises.—Every effort has been made to ensure increased inspection of premises used for the preparation of food. These efforts have met with a very fair measure of success, and the anxiety of the department to do everything possible by way of co-operation and moral suasion is demonstrated by the fact that in the cases where our efforts have failed and recourse has had to be made to prosecution, the maximum penalty has been obtained. Much yet remains to be done and as soon as possible a full scale drive by way of educational instructions, lectures, newspaper articles and meetings with the various trades will be put into operation.

City Water Supply.

Particulars required by Ministry of Health Circular 28/46, dated 11/2/46 (See also Laboratories report, Appendix V, pages 60-61).

REMARKS.

| | |
|---|---|
| <p>1. Whether the water supply of the area and of its several parts has been satisfactory</p> <p>(a) in quality, (b) in quantity?</p> | <p>YES.</p> |
| <p>2. Where there is a piped supply, whether bacteriological examinations were made of the raw water and, where treatment is installed, of the water going into supply; if so, how many and the results obtained; the results of any chemical analysis.</p> | <p>Raw waters examined bacteriologically before treatment by Bristol Water Works Co.</p> <p>Raw water at Barrow before filtration—weekly.</p> <p>Raw water at Chelvey before chlorination—twice weekly.</p> <p>Raw water at Litton before chlorination—monthly.</p> <p>AFTER TREATMENT FOUND SATISFACTORY.</p> |
| <p>3. Where the waters are liable to have plumbo-solvent action, the facts as to contamination by lead, including precautions taken and number and result of analysis.</p> | <p>NOT LIABLE.</p> <p>Most recent analysis 5th February, 1946. From cold water tap in laboratory. Lead—nil.</p> |
| <p>4. Action in respect of any form of contamination.</p> | <p>On finding any trace of faecal pollution the matter is taken up with the appropriate authority immediately, when further samples are taken until satisfactory result is obtained.</p> <p>Contamination after treatment has been negligible.</p> |
| <p>5. Particulars of the proportion of dwelling houses and the proportion of the population supplied from public water mains</p> <p>(a) direct to houses, (b) by means of standpipes.</p> | <p>(a) The whole of the population of the Bristol area are supplied by public water mains direct to houses with the exception of a few isolated premises in the semi-rural suburbs, where the supply is from private wells and subject to a form of chlorination. These have been reduced since last report, mains supply now having been laid on.</p> <p>(b) Negligible.</p> |

Factory Inspection.

Factory inspection and hygiene has progressed far from the days when Factory Acts were first brought into effect. Nevertheless, despite improvements, H.M. Inspector of Factories referred to this department 121 matters relating to the sanitary condition of factories during the year. It is an indication of the successful combination of the influence of the department and the readiness of employers to bring their premises up to standard when it is realised that over 100 of these complaints were remedied, the few cases outstanding being in process of completion now. The factory inspectors have indicated their appreciation of the manner in which these matters are dealt with.

Offensive Trades.

It will be agreed that the establishment and working of offensive trades is essential to the life of a large industrial city. Premises cannot be used for these processes however, without the consent of the local authority, and it is to be regretted that in the past little consideration has been given to the proper siting of works which, by their very nature, are likely to give rise to public health nuisances. These trades are among the most difficult of all to regulate, but the demand for the processed materials should enable manufacturers to build first class installations.

Nearly all the raw materials used are organic and consequently liable to putrify rapidly. It is, therefore, essential if a factory is to be run without nuisance or annoyance that

- (1) the materials be obtained as fresh as possible;
- (2) they be worked up with all expedition;
- (3) the accommodation in the factory be conveniently and properly arranged;
- (4) the plant and buildings be well constructed;
- (5) The plant be sufficient and capable of dealing with the raw material so as not to create a nuisance;
- (6) cleanliness and good order be maintained at every stage; and
- (7) the management be skilled and good.

Few of the offensive trade premises in this city satisfy all these requirements, and it is indeed a progressive move from the public health point of view that the Health Committee has a decided policy regarding the future siting of such premises.

Clearance of Rubbish Deposits.

Many accumulations of offensive rubbish were created in the city as a result of enemy action, and following representations made to the city engineer, these accumulations were quickly cleared as a public health measure. Not all the blitzed sites, however, could be termed nuisance sites immediately, and from time to time it was necessary to draw attention to particular deposits which were causing rat harbourage. These, together with various other accumulations found deposited on waste land, were dealt with. In some cases recovery of cost was obtained by the city engineer from the occupiers of buildings using the courtyard or passageway cleansed under the powers of section 78, Public Health Act, 1936. Such action is no doubt having a deterrent effect against this objectionable practice.

Attention was drawn to a fly nuisance at Bedminster due to an accumulation of ten tons of patent manure which had been abandoned by the owner. This patent manure was said to be worth about £10 per ton, but analysis proved it to be practically valueless. The owner of the material could not be traced and it was removed under notice by the owner of the premises.

Rat Destruction.

The important work of rat destruction received the energetic attention of the department, and the rat repression officer with his team of operators carried out very effective work in disinfesting all classes of property. Responsibility for keeping premises free from rat infestation rests with the occupier, but it will be seen from the report that discretion was used in waiving charges for work done under special circumstances in accordance with the policy laid down by the Health Committee. The scheme for training firms' employees was continued and extended to include actual instruction at the infested buildings on the modern technique of destruction, rat-proofing and methods to be employed for the prevention of harbourage.

It is well known that rats cause considerable loss of foodstuffs and that they are attracted to stores and canteens; the gravity of the food situation is now such that every citizen is vitally concerned, and every effort must be made to destroy these foul creatures which, apart from the enormous damage they do, are capable of transmitting disease to human beings. It is realised that measures of rat destruction must be continuous and that occasional enthusiasms prove of little avail.

The following detailed information of the work carried out has been provided by the rat repression officer:—

"The total number of complaints received during the year was 1,434, as compared with 1,837 in 1944. However, bearing in mind the fact that each individual complaint necessitates the inspection of adjacent or adjoining premises or land, a true criterion of the work involved is not shown by this figure. A total number of 1,434 informal notices have been served, but in no instance was statutory action necessary. Of this total, having due regard to the circumstances of the occupiers and the condition of the premises, 336 cases were dealt with free of charge. In 36 instances, premises were cleared by the occupiers under advice from this department, bringing the total number of premises cleared for the year up to 698. Routine visits were made to 49 premises, comprising nurseries, clinics and hospitals, with the result that almost complete freedom from all pests exists in these places at present. Refuse tips under the control of the city engineer have also been systematically treated, resulting in the fact that, with the exception of Coles Road, St. Philip's Marsh, they are practically clear of rats. This is reflected in the obvious decrease of complaints from surrounding properties.

In conjunction with the Ministry of Food and the city engineer's department, the scheme of sewer-baiting was continued, involving the use of 28 men on actual baiting and poisoning at an approximate cost of £5,000. These maintenance treatments continued to show excellent results, embodying at my suggestion the use of zinc phosphide as a poison base. This poison is closely allied to my formula known as 'Bristol Formula 4,' which is used throughout the city and county by this department. Results of this treatment were immediately found in the number of complaints of dead rats under floor boards. Further investigation showed that in all instances the house drains or sewers were defective.

The intensive measures carried out for the clearance of the brown rat in the St. Philip's Marsh area were responsible for the recovery of 5,029 rats by trapping. The numbers caught showed a marked decline towards the latter stages of these operations. There has been rather a large increase in the mice population throughout the city, although the number caught by this department (1,801) shows a slight drop on the previous year (1,960).

The problem of the black rat, which at one time threatened to be a menace in the city, has responded well to the methods employed. The number caught during the year is considerably less than the total of 1944 (970 as against 1,749).

The policy of placing an operator from the department to work at Avonmouth and Portishead docks, in agreement with the Docks Committee, has shown excellent results. Premises and land under the control of this authority at both places are well under control. The confines of the city docks are regularly inspected, and where necessary, action taken, keeping them in a satisfactory condition.

In conclusion, the operators under the control of this department have shown marked enthusiasm throughout the year, and are to be commended on the excellent results obtained."

Steps taken to Combat Infestation.

Lethane Sawdust.—This year there was an epidemic of flea infestations in buildings in this city. For example, in July there were five complaints in this connection and in August these numbered 51. The reason for this is a little obscure, but it is suggested that one of the main causes was the shortage of insect powders and the fact that premises have not been receiving the usual attention with regard to cleansing as they would have done in normal times. People are out all day working, and cleaning labour and materials are in short supply, all of which contribute their share to the possibility of infestations occurring.

To show how easily premises can become badly infested, I quote a statement by Dr. H. G. H. Kearns, Research Entomologist, Bristol University:—

"Rooms can become badly infested with fleas as a result of two or three fleas being introduced into a room. Within a period of ten days serious infestation can occur, it being possible for one flea to lay as many as 2,000 eggs in ten days, all of which may hatch out under favourable conditions, and live in suitable materials between floorboards, skirtings, etc."

In collaboration with Dr. Kearns, the use of lethane sawdust was developed with remarkably good results. In most cases one application of this material was sufficient to obtain complete clearance of the fleas. The method of application is to scatter the sawdust over the floor, leave it for an hour, then sweep the sawdust into all the cracks in the floor.

It was thought that this method might prove of interest to other health departments and a short article by the chief inspector appeared in the "Municipal Engineering and Sanitary Record" Journal, in which other officers were invited to write to this department for details of preparation and use of this material. The result was astonishing. In a very short time nearly 200 separate applications for this information were received from all over England, Wales and Scotland, including one from New Zealand. So that apparently the flea "epidemic" was not confined to this area.

Ants.—Further assistance was given in the eradication of household pests, particularly with regard to ants, about which insect many special leaflets containing suitable advice were given to enquirers.

Institutions.—From time to time there have been pest problems developing in the various Corporation institutions, and to prevent these conditions becoming established, arrangements were made for the officers in charge of institutions to have the name and telephone number of the district sanitary inspector concerned, so that the inspector could be contacted should any matter of urgency occur. This arrangement is quite distinct from the routine monthly visits which are made by the inspector. In this way considerable improvements, not only with regard to pest infestations, but also in environmental conditions, has resulted.

D.D.T.—Much has been written and said about the use of the new insecticide D.D.T. ("Dichlordiphenyltrichlorethane"), some of which could truly be described as a little immature. Whilst, in Bristol, we have always been very ready to accept new materials and methods in connection with our work, caution should be exercised in the use of substances, the toxicity of which to man and animals has not been thoroughly established. Accordingly, while carrying out a series of controlled experiments in the use of D.D.T., the advice was sought of Dr. Busvine, entomologist to the Ministry of Health, who was able to supply us with a short article prepared by himself and two medical officers of the ministry, in the use of D.D.T. in connection with public health problems. There is no doubt that this new insecticide is proving itself to be one of the most valuable aids in controlling diseases which are insect borne and also in the eradication of household pests.

In addition, there is another material recently developed which, as far as household pests are concerned, is likely to prove as effective as D.D.T. This product has the merit of acting as an insect stomach poison, as a contact agent, or as a fumigant. War years have provided much data and incentive for experiments in the control of insects and the work of health departments will undoubtedly benefit generally from the knowledge so obtained, and we can look forward to a more ready and easy solution to some of our pest problems.

Dust Nuisances.

Complaints were received from the occupants of residential property regarding dust nuisances arising from industrial processes, and the Health Committee decided that firm action should be taken to secure abatement of these nuisances.

Following prolonged negotiations this was achieved in one case by the removal of a limestone grinding process to another site on a trading estate. In another case, although the firm was engaged on contracts for the Ministry of Works in connection with the housing programme, instructions were given that the process creating the nuisance be stopped pending provision and installation of a special dust collecting plant.

Noise Nuisances.

The aid of the department was invoked by residents who complained of excessive noise, and among other cases dealt with, satisfactory action was taken in connection with nuisances due to klaxon horns used for shunting operations by a railway company, and with regard to low flying aircraft.

Public Health Students.

This department has made special efforts to provide facilities for the instruction of students on public health matters. An example of the assistance so rendered is that of the special demonstrations arranged for the benefit of student health visitors. There are some twenty set demonstrations ranging from inspection of model farms to the systems of ventilation in public buildings and the disinfection of premises. In addition, the health visitors accompany the district sanitary inspectors whilst the latter are on district work, so that they can gain an insight into the practical problems involved.

Every assistance is being given to the returning members of H.M. Forces who need advice and help when either completing their previous studies or taking up fresh careers, including that of public health work. Over 40 members of H.M. Forces have sought our guidance in this matter, and we have received from them many letters of appreciation of our efforts.

Special attention is being given to the means of the selection, recruitment and training of future sanitary inspectors, and it is hoped in the coming year to place before the Health Committee a scheme by which Bristol will continue to take a prominent part in the training of these local government officers.

Planning for Health.

For some years war conditions dictated that only minimum standards could be required and attention has, therefore, been focussed upon the maintenance of the fundamental necessities of life; with the advent of peace during the year it is pleasing to see the forces of destruction give place to the forces of reconstruction and improvement. Immense opportunities exist for this to be carried into effect as large areas of war-scarred industrial and domestic properties have to be replanned or rebuilt on modern and more healthful lines.

A great deal of the work with which the Health Committee is concerned arises as a result of unco-ordinated development in the past. It will indeed be a step forward if planning insists that things be arranged in their proper and most convenient place to make the running of a building or city easier, and to make that building or city a more pleasant place in which to live and work. In this connection it is of note that the department has already taken part in many discussions with officers of other departments who are charged with the responsibilities of achieving order out of chaos; it can be confidently stated that the long-term planning thus visualised will in many ways help to create a cleaner and happier community life.

Apart from the proper siting of displaced industries a considerable "spring-cleaning" of the city is envisaged, with the re-allocation of land for special industries, in order to prevent bad environmental conditions in both industrial and residential areas. Before the war we were dealing with the many domestic properties which had outlived their period of usefulness, and much could be said and needs to be done about office and workplace accommodation, which inspection reveals is in the same obsolete condition.

Appendix II.

PORT HEALTH SERVICES

Medical Inspection and Sanitary Circumstances

By Dr. D. T. RICHARDS, Chief Assistant Port Medical Officer.

This year it is possible to give a more detailed account of the work and activities of the Port Health Department during the year 1945. The tables (pages 114-119) and figures included in this report indicate the extent of the work achieved.

As expected, there has been a decrease in the number of foreign arrivals during the last quarter of the year. Nevertheless, as a result of the restoration of peace-time trade routes, there has been an increase in the proportion of vessels arriving from infected ports and seaboard. It is anticipated that henceforth the traffic returns will gradually approach the stabilised peace-time figures, both with regard to the number of ships and the volume of trade handled at the ports.

The absence, through illness, of a member of the inspectorial staff for the greater part of the year placed extra work upon the inspectors, who worked well to maintain a high and satisfactory standard covering all phases of the duties at the port.

Foreign Going Arrivals.

A total of 628 foreign going vessels entered Bristol, Avonmouth and Portishead Docks. All of these vessels were boarded and inspected on arrival.

The medical inspection of all vessels from foreign ports has been continued throughout the year, and, in certain cases—when the previous port of call, for example, is amongst those on the list of infected ports—this inspection has included coastwise arrivals.

No grave infectious illness was reported during the year. It is well recognised, however, having regard to the increasing incidence of smallpox, typhus and plague in European and in more distant ports, that continued vigilance is essential.

Of the five Convention diseases, smallpox gives most cause for concern. If an effective barrier to the spread of this disease is to be created, prompt recognition of the illness is essential, for only then can the measures of control be effectively applied and the focus of infection adequately sealed off. For this reason particular attention is directed, when a vessel arrives in port, to the possibility, in well vaccinated individuals, of mild smallpox with a sparse rash and few constitutional symptoms.

Smallpox and typhus, however, may not develop until after a vessel arrives and has been cleared. The practice of paying daily visits to all vessels from endemic centres of infection, therefore, is an important phase of the work of port health inspectors and has been maintained throughout the year. At each of these visits, details regarding the health of crew are received from the officer in charge. In this way, sickness developing subsequent to the issue of pratique is brought without delay to the notice of the port medical officer. This procedure is considered to be highly important and will be continued, as, with the increasing speed of sea transport many vessels arrive at this port from Near Eastern and Mediterranean ports after a sea passage which has been completed within the incubation period of smallpox and typhus fevers.

During the year the "Typhus Scheme" has been revised and brought into line with modern measures of typhus control. All members of the typhus team have received "booster" doses of vaccine.

The cessation of hostilities in Europe has led to the opening up of ports geographically more convenient for the purpose of dealing with wounded army, navy and merchant service personnel, and hospital ships have ceased using Avonmouth Docks.

In co-operation with the casualty bureau, the port health staff supervised the removal and hospitalisation of 104 civilian and merchant navy patients from vessels which arrived during the year.

Home Trade and Coastwise Arrivals.

Six hundred and thirty-five coastwise and home trade vessels were inspected during the year.

These figures are incomplete, as they do not include the arrival of vessels which regularly ply between Bristol, Avonmouth, Portishead and other Bristol Channel ports. Such vessels frequent these ports as often as twice and three times a week, and it is therefore considered sufficient for an inspector to visit such craft (except on complaint) at intervals which ensure that they are maintained satisfactorily. An effort is made to inspect as many as possible of the coastwise vessels trading outside the Bristol Channel, whilst all home trade vessels from Continental ports are boarded on arrival.

Health of Crews.

During the year 38,819 crew and passengers were inspected, of whom 905 were referred for treatment to city hospitals, clinics and sanatoria. Tables 2 and 3 (page 115) give a detailed classification of the diseases ascertained in this connection.

As a contribution to the general scheme for venereal disease control the value, at major ports, of clinical facilities for controlling the *importation* of these diseases cannot be adequately measured.

The seamen's clinic at Avonmouth Docks, which was established in January, 1943, is accessible to all seamen from the moment of arrival in port. It is administered as a unit of the Port Health Department, and staffed by the port medical officers under the clinical direction of the director of venereal diseases. Early ascertainment of venereal disease amongst seamen can therefore be combined with prompt and efficient treatment, for the recognition of these diseases in an active form, when a ship's crew is inspected, is part of the port medical officer's routine.

It is to be noted that penicillin preparations have been released during the year for the treatment of venereal disease. These preparations are particularly suited to the needs of merchant seamen, and prospects of a cure during a ship's stay in port are advancing rapidly. For this purpose trial is being made with penicillin in oil-wax which is administered alone for the treatment of gonorrhœa or in combination with unit course of arsphenoxide for the ambulatory treatment of syphilis.

Statistical returns relating to this work are included in those for Bristol generally.

Measures against Rodents.

(Detailed figures illustrating this work are contained in Tables 4, 5, 6, 7, pages 116-117.)

(1) Docks.

A total of 3,631 rats were caught on dock quaysides and wharves, etc., during 1945. 1,067, or 29%, were sent to the laboratory at Canynge Hall for examination. These were found to be free from *B. pestis*.

The above returns are higher for 1945 than for 1944. Accordingly, it might be concluded that rats are more active, and in greater number. This is not so. The reason for this increase lies in the fact that particular attention has been given to previously inaccessible rat harbourages. The rat catchers have concentrated on these focal points with encouraging results. The Port Authority have also co-operated by removing a source of harbourage which was heavily infested. From this site alone the number of rats caught was sufficient to show a considerable increase over the figures for the preceding year.

The elimination of rat harbourages and the rat proofing of premises are of course vitally necessary in the control and destruction of rats, but it is to be appreciated that to deal satisfactorily with the whole of the dock area in this way would involve a tremendous amount of reconstruction. It may be that when circumstances and conditions are more favourable such an effort can be made. In the meantime, continued trapping, poisoning, and gassing at these focal points of infestation must be resorted to as measures of control.

Periodical surveys of private premises on the dock have been carried out during the year, and when rat activity has been observed to be moderate or pronounced, owners of the premises and contracting rat exterminators have been notified.

(2) *Ships.*

All foreign going and a large percentage of coastwise cargo vessels have been inspected for rat evidence during the year. Trapping was resorted to whenever rat evidence was discovered. On the whole, cargo ships using the ports have been satisfactorily maintained. This can be attributed mainly to (1) the fact that the ships were of recent construction; (2) the particular attention given to structural rat proofing in "Liberty" type vessels; and (3) the Infestation Department of the Ministry of Food's requirement that all ships carrying food cargoes—particularly bulk grain, maize and other cereals—must be maintained as free as possible from the insect vermin that attack foods. This often calls for H.C.N. fumigation, using relatively high concentrations of cyanide gas for a longer period of exposure than normally required for deratisation.

All vessels from plague infected ports have been inspected and trapped where necessary, and all rats caught from these vessels were sent to the Department of Preventive Medicine for examination.

Of the 27 ships granted deratisation certificates, a total of 94 rats were recovered by trapping, and 429 following fumigation. This gives an approximate average of 19 rats per ship. The maximum number of rats recovered from any one ship, however, was 95. The minimum was one.

One hundred and fifteen ships were examined and granted deratisation exemption certificates during the year.

A total of 720 rats were recovered from ships during the year, and 459, or 64%, were sent to the laboratory for examination. No *B. pestis* was discovered in any of the rats examined.

Hygiene of Crew Spaces.

2,683 visits and revisits were made to foreign going ships during the year, and 1,669 to coastwise vessels.

A very high percentage of the ships using the ports in 1945 have been of war-time construction. The planning and arrangement of accommodation on these ships show great improvement. This is an encouraging sign, and although in some instances the ventilating arrangements could be improved by the installation of approved type mechanical ventilating systems, conditions generally are far more satisfactory.

Despite these improvements, figures for wear and tear defects, and particularly for infestation by vermin, have been high. It is appreciated that in many instances infestation has originated in cargoes and in stores; yet measures of control, whatever the source of infestation, have been, if not entirely lacking, often inadequate. For disinfection in port, the use of Gammexane powder or some insecticide incorporating a percentage of D.D.T. has been recommended. As Gammexane and D.D.T. are somewhat more plentiful, a number of the ships have obtained supplies. It now remains to be seen whether effective use will be made of these remedies.

It is pleasing to note that a number of ships constructed before improved standards for accommodation were recommended have been converted to comply with these recommendations. Where such alterations have not been carried out, and conditions are such as to warrant alterations, the local ship surveyor for the Ministry of War Transport has been notified.

Details regarding future standards of accommodation will no doubt be revealed when the full report of the International Maritime Preparatory Conference, held at Copenhagen in November, becomes available. It is believed that what might be termed "international minimum standards of accommodation" have been agreed upon, and it will be interesting to see, when the report is issued, whether these are comparable to, below, or in advance of the present British standards.

A full analysis of this work is contained in the statistical appendix, page 117.

Dock Sanitation.

Refuse Collections in Port.

The year 1945 has given us the opportunity to observe the response by ships to the system whereby refuse is deposited into the "bays" constructed for the purpose, at various berths. With very few exceptions there has been satisfactory co-operation, and the system has worked well. On numerous occasions ships' officers have been ready with their praise for this system, comparing it very favourably with systems in use at other ports.

For a few months, the Port Authority placed bins in some of the bays for the purpose of ascertaining whether use would be made of them in order to avoid loose and exposed garbage, but, despite frequent requests to the ships concerned, it became evident that very little effort was being made to empty refuse into these bins. They were finally withdrawn. An important feature of the present arrangements is the frequency of collection.

Refuse Disposal.

Frequent visits have been made to the dock refuse tips and they have been satisfactorily maintained and controlled throughout the year.

Some evidence of rat activity was discovered during the summer months. The rat repression officer gave the necessary directions for the periodical poison baiting of these sites, and continued supervision is being maintained at these tips.

Inspection of Dock Premises.

Factories and Work Places.

Factories and work places have been regularly inspected throughout the year. In most cases the sanitary conveniences and wash places receive the required attention with regard to cleanliness and repair. In some instances, defects and nuisances have been observed, but in each case informal approach to the management has had the desired result.

One or two work places are structurally quite unsatisfactory, and it is proposed to deal with these when the prior claim for labour and building material in other directions has eased.

Canteens.

All canteens have been frequently inspected during the year. Two new canteens have been opened for the use of mill workers. One Port of Bristol canteen has been closed down.

On the whole, canteens have been kept in a reasonably clean condition. A few instances of cockroach and mice infestation were observed, but the necessary counter measures, adopted by the management, were successful.

In the 1944 report it was mentioned that the Port of Bristol had a prepared programme of reconstruction in connection with existing canteens. This work has now been commenced and should lead to considerable improvement.

Public Conveniences.

Public conveniences at Bristol, Avonmouth and Portishead Docks have been maintained in the desired manner, and it is pleasing to note that only a few instances of choked drains and of careless use have been observed.

During recent years special attention has been given to sanitary conveniences at the Docks. Public conveniences in the Avonmouth Dock area have been completely renewed, and adequate accommodation in the Portishead Dock area is nearing completion.

During 1945, meetings were held with the appropriate departments regarding the replacement of obsolete accommodation in the Bristol dock area, and it may be reported that, as the year ends, arrangements have been made for the provision of sanitary accommodation which will be of the most modern construction. Satisfactory conditions in this respect will thus have been secured in all the port areas referred to.

Inspection of Meat and other Foods.

Except with regard to wheat and other bulk cereals, there has been a reduction in the tonnage of foodstuffs handled at Avonmouth Docks during the later part of 1945. This is partly due to the cessation of lease-lend trade and partly to the resumption of food importation at the London Docks. Yet despite this decrease the total imports for the year are much greater than for 1939. It is probable that the tonnage returns for 1946 will likewise be lower, and correspond more closely to pre-1940 figures.

The general condition, the stowage and the handling of imported food cargoes have again shown improvement. This is all to the good, and ensures that a reasonable minimum of cargo is contaminated, or handled and stowed in such a manner as to render it unfit for human consumption.

All foodstuffs are still subject to Ministry of Food control and, as in the preceding war years, close liaison on all matters affecting foodstuffs has been maintained between the Port Health Department and this Ministry.

Seventy tons of foodstuffs were condemned, and 2,492 tons were detained for reconditioning at local or other food depots. Forward notices were sent to the appropriate health authorities when damaged foods were released to reconditioning depots outside Bristol.

Fuller details are contained in the statistical appendix, pages 118-119.

Airport Sanitation and Control.

The bulk of the passenger traffic formerly dealt with at Whitchurch is now directed from abroad to Hurn Airport, but the Whitchurch Airport is still used for the purpose of maintenance and as an alternative landing ground for passenger carrying aircraft. Normally, disembarkation occurs at Hurn, the aircraft then proceeding immediately to Whitchurch. It is therefore evident that while aircraft from abroad are in the first instance cleared at Hurn, surveillance of crews must be continued when necessary in Bristol. Moreover, sanitary control at the airport must continue to be maintained in a satisfactory manner.

Fourteen aircraft arrived from infected areas during the year: 183 passengers and crew were inspected on arrival; one passenger was referred for observation. This represents a considerable reduction in the figures for 1944.

Medical inspection at an airport after so quick a journey as two days from the Far East offers very little protection against the entry of contacts who may be incubating smallpox or typhus fever. For this reason, cards are issued to all passengers on arrival urging them, in their own interests, to deliver the card to a doctor in the event of any symptoms occurring within 21 days of arrival in this country. These cards quote in particular the possibility of smallpox and typhus. As an additional safeguard, notification is made in all cases to the medical officers of health of the districts to which passengers from abroad proceed after disembarkation.

Appendix III.

REPORT OF THE PUBLIC ANALYST

By Mr. F. E. NEEDS.

During the year, 3,408 examinations were made, of which 2,353 were samples submitted under the Food and Drugs Act. Of these latter, 122 were adulterated, equal to an adulteration rate of 5.18 per cent.

The remaining 1,055 specimens comprised samples of waters, fertilisers and feeding stuffs, rag flock, specimens taken under the Pharmacy and Poisons Act and a variety of miscellaneous examinations.

Milk Samples.

1,588 samples were examined and 88 (or 5.54%) found to be adulterated.

Added water was certified in 33 samples, 53 were deficient in fat, one sample was condemned as being deficient in fat and containing added water. The remaining sample reported as adulterated was found to be infested with "plaster beetles."

The greatest amount of added water found was 21.1% and the maximum fat deficiency 56.6%.

Ten samples were reported as abnormal because of low non-fatty solids figures but giving normal freezing point depressions.

The mean composition of all milk samples—genuine, adulterated and suspicious was, Fat 3.67%, Non-fatty Solids, 8.75%.

Other Food Samples.

Twenty-nine samples were condemned, six mustards showing deficiencies in allyl isothiocyanate ranging from 25.7 to 91.4 per cent., six samples of sausages, five with meat deficiencies from 15.8 to 50.7 per cent., and one sample containing 90 parts per million of sulphur dioxide; seven samples of lemonade and orangeade deficient in crystalline citric acid and in three cases deficient in sugar also; four samples of cider reported as containing sulphur dioxide in excess of the amounts permitted; one fish paste 30.7 per cent. deficient in fish; one vinegar 21 per cent. deficient in acetic acid; one gelatine powder containing an excessive amount of zinc; and one curry powder containing 80 parts per million of lead.

Fatty Foods.

Two hundred and seventy-seven samples of fatty foods, including butter, margarine, cheese, lard, shredded suet and cooking fat, were examined and reported genuine.

Sugars.

Thirty-nine samples were examined, 17 of sugar and 22 of jam. All were reported genuine.

Starchy Foods.

Fifty-eight samples of starch foods were examined and reported genuine.

Drugs.

Nine-five specimens of drugs were examined of which five samples of zinc oxide were reported as deficient in zinc oxide. The remaining samples were reported as genuine and included tincture of iodine, phenolated solution of iodine, aspirin tablets, boracic ointment, Glauber salt, Epsom salt, castor oil, camphorated oil, bicarbonate of soda, cream of tartar, citric acid, halibut liver oil and tartaric acid.

Miscellaneous.

Under this heading 144 samples were submitted. Of these, over 60 were examined for infestation. A large proportion were found to be infested and most were unfit for human consumption.

The remaining samples were very varied and comprised, dried milk for solubility tests; milks for acidity and dirt; alleged port and sherry; insecticide found to contain D.D.T. in kaolin; ground almond substitute, 40% soya flour, 60% wheaten flour with a little almond flavouring; a small quantity of a liquid accidentally swallowed by a child at Southmead Hospital and found to contain acetic acid, ethyl acetate and a few crystals of potassium chloride; two samples of margarine recovered from a stream; insects received from Kingsweston and Brislington and found to be a pure culture of parasites of the yellow swarming fly.

A sample of sweets from Ham Green Hospital alleged to have caused collapse and vomiting was examined without result for arsenic and antimony. Physiological tests were also negative.

A sample of jam reputed to contain formaldehyde was reported as completely fit for consumption.

A sample of urine from a patient at Southmead Hospital was examined for lead and found to contain 0.06 milligramme in the 24 hour specimen. This amount is less than the maximum amount usually found in a normal urine.

A sample of tiger's urine showed the presence of animal oil, the physical constants of which indicating that it was rich in olein.

A washing powder from Southmead Hospital was found to contain 66% of sodium carbonate and if the powder were used too liberally the strongly alkaline solution might harm articles to be laundered.

Two samples of tinned sardines examined for "springy" cans were found to be free from gas.

A cup of cocoa alleged to have unusual taste was examined and the taste was reported as probably due to the use of chlorinated water.

A deposit from the outside of the terminals of an electrode heater was found to consist chiefly of a mixture of sodium carbonate and a copper salt.

Chief Sanitary Inspector's Samples.

Under this heading 13 samples were examined principally for their condition and consisted of one sample of tea; two samples of artificial manure; dates for infestation; a sample of formaldehyde found to be in accordance with the British Pharmacopœia; a sample of egg substitute powder which should have been labelled "Golden Raising Powder"; a brown bread alleged to have caused illness but found to be without effect on animals; two samples of doughnut mixture were found to be free from infestation, but low in available carbon dioxide; and a sample of National household milk which despite the hard nature of the powder was found to reconstitute well.

Gas Undertakings Acts, 1920—1934.

Tests for calorific value, pressure and purity of the gas supplied to the city were carried out under the Gas Undertakings Acts, 1920-34 at the three testing stations in the city, and these involved practically daily visits. The declared calorific value is 460 B.Th.U. (gross) per cubic foot, and the average for the year was 461 B.Th.U.

Pharmacy and Poisons.

Three samples were examined, two were of disinfectant and the other a D.D.T. insecticide, 3% D.D.T. in light paraffin oil. Of the disinfectants one was a throat spray reputed to cause irritation. This was probably due to the xylene in the sample. The other sample was labelled "non-poisonous," but found to contain 30% w/w of cresol. It is therefore in Part II of the Poisons List and the statement "non-poisonous" should be deleted.

Rag Flock.

Two samples were examined and found to contain chlorine well below the limit of 30 parts permitted by the Act.

Water Examinations.

The analysis of the water supply of the city was carried out regularly, at least one examination being made each week.

One hundred and forty-four samples from lakes, springs and wells were examined. Frequent analysis of the water supply to the Babies' Homes at Downend and Frenchay (West Gloucester supply) and to Ham Green Hospital (Portishead supply).

Several samples were examined for suspected sewage pollution and percolation waters.

Atmospheric Pollution.

Investigation of the pollution of the atmosphere was carried out on the deposit from the gauge at the Zoological Gardens throughout the year, and the deposit gauge on the roof of the Water Works in Marsh Street, which was "blitzed" in March, 1941, was replaced and measurements started again on the 1st July, 1945.

Comparing the mean monthly deposit (suspended and dissolved) at these two positions, the figures are very similar to those of the pre-war period, i.e., 11 tons per square mile at the Zoo, and 21 tons per square mile in the centre of the city.

In view of the importance of atmospheric pollution in connection with new housing estates which will be springing up in the near future, the number of deposit gauges has been increased to four, and sulphur concentration will be measured monthly by the lead peroxide method at the four positions. Hence a more comprehensive survey will be possible in 1946.

Appendix IV.

TREATMENT OF VENEREAL DISEASES

By Dr. A. E. W. McLACHLAN, Director of the Bristol Services.

"The year 1945 marks the commencement of the transition from war to peace, and it forms a suitable occasion to review the past trend of the incidence of the venereal diseases, the present position, and the future prospects of more complete control.

In the interval between the wars—1920-1938—the local and general statistics for England and Wales showed a steady downward trend; the anticipation that, in the event of outbreak of war, venereal infections would markedly increase in incidence, unfortunately proved correct. That the ravages of these diseases were not more serious was to a great extent due to the existence—and extension—of treatment facilities, the availability of drugs capable of rapidly controlling the infective phases of syphilis and gonorrhoea, the measures directed to tracing contacts to infection and prevention of default, and a wide scheme of popular education.

In the pre-war treatment of syphilis, a long-term schedule of treatment had been standardised, comprising, according to the stage of the infection, three to five unit course of neoarsphenamine and bismuth, each of ten weeks duration. The exigencies of war, and the necessity of conservation of manpower forced the adoption and development of intensive schemes, compressing complete treatment into periods of 5 days, 20 days, 30 days or seven weeks. Of these schemes the 30 day and seven week schedules proved the most satisfactory in rapidly sterilising the healing open lesions, in reversing positive serological tests, and in causing the minimum of complications. While evaluation of the end results is still far from complete, observations over a period up to two years show a favourable comparison with the results of long-term treatment.

During 1945, penicillin became available for treatment of syphilis. The immediate results of this form of therapy have been equally impressive in the early and late stages of acquired syphilis, and in the manifestations of congenital syphilis. The incidence of early relapses, within one year of completion of treatment, has led to a rapidly growing conviction that penicillin alone is insufficient to ensure absolute cure in the dosage at present advised, and that this drug should be reinforced by the administration of arsenicals and bismuth, the more so as penicillin and arsenoxide have been shown to have a synergistic action. While the ideal would be to compare the results of parallel series of cases, one treated with penicillin alone in varying time-dosage schedules and the other with penicillin and arseno-bismuth therapy, the difficulty in following out this course in civilian clinic practice lies in the great proneness to default, after completion of treatment, before the subsequent observation period has been sufficiently long to presume cure, or show relapse. The tendency is therefore to combine penicillin with either a ten week unit course of neoarsphenamin and bismuth, or an intensive ten or twenty-day course of arsphenoxide and bismuth. With such treatment the possibility of contagious relapse is minimal, thus limiting the possible spread of infection.

In the treatment of gonorrhoea the sulphonamide group of drugs—the first really successful chemotherapeutic agent to be employed in this disease—has been almost entirely displaced by penicillin. While the cure-rate of this drug has so far remained at nearly 100 per cent. it is too early to prophesy that it will remain so. From analogy with other drugs showing initially brilliant results it seems probable that this high standard may not be maintained. Time alone will tell. Penicillin, even in the relatively small dosage required to cure gonorrhoea, may greatly delay the onset of syphilis and modify its appearance. The prolonged observation necessary, after completion of treatment, to exclude the possibility of a slowly incubating syphilis, as well as to confirm the cure of a gonorrhoea, predisposes to default. That the default rate is no higher reflects credit on the painstaking follow up by the social workers.

The disadvantage of penicillin treatment, for syphilis or gonorrhoea, lay in the necessity for hospitalisation and for the injection of the drug at three-hourly intervals. The recent introduction of an oil-wax emulsion, whereby an effective blood-level of penicillin can be maintained for twenty-four hours with a single injection, has gone far to solve this difficulty and permit the outpatient treatment of the majority of cases.

During the year the incidence of new infections has shown a satisfactory trend. The total number of new cases of syphilis has decreased: the decrease being evident in early syphilis—the stage of public health concern, and in congenital infections. The incidence of gonorrhoea also shows a slight decrease. The number of patients suffering from chancroid, or soft sore, has increased. This infection, however, is relatively trivial, being unassociated with systemic consequences, and being rapidly cured by the sulphonamides.

The group of patients classified as found not to be suffering from venereal diseases comprises a wide range of conditions, *e.g.*, those exposed to infection who desire exclusion of possible disease; those desiring premarital tests; cases of non-specific urethritis or vaginitis following sexual exposure; trichomonatous vaginitis; genital warts; miscellaneous skin diseases or infestations affecting the genitalia. The majority of these conditions clear up during the period of observation necessary to exclude the possibility of venereal infection.

With the means at our disposal of combatting venereal disease we should be able to look forward with confidence to a rapid post-war reduction in these infections.

In December 1944 following the institution of routine ante-natal serological tests for the exclusion of maternal infection, it was considered desirable to establish a special diagnostic clinic, run in conjunction with the maternity and child welfare department. Patients referred from the anti-natal centres fall into three main groups—(a) those suffering from vaginal discharges, (b) those in whom the results of the routine serological tests, or other symptoms, indicate the necessity for further investigation and (c) cases of illegitimate pregnancy for whom a certificate of freedom from infection is a prerequisite for admission to a hostel or special home. Without the provision of a special clinic many of these patients would of necessity be referred to a venereal disease centre.

During 1945, 461 patients were referred to the clinic, the details of the work done being:—

| | | | |
|---|-----------------|-----|-------|
| Number of medical officers' sessions | ... | ... | 53 |
| Number of new registrations | ... | ... | 461 |
| Total attendances | ... | ... | 1,339 |
| Total discharged (no evidence of venereal infection) | ... | ... | 385 |
| Remaining under observation | ... | ... | 45 |
| Total transferred to treatment centres suffering from:— | | | |
| Syphilis | Early | ... | 8 |
| | Late and latent | ... | 11 |
| | Congenital | ... | 2 |
| Gonorrhoea | ... | ... | 21 |
| | | | 10 |

The special diagnostic clinic has therefore proved of value in the detection of maternal infections and in protecting the future health of the child.

Social Work.

In the past the social background of the venereal diseases was to a great extent ignored: in general the clinics were content to investigate and treat such patients as presented themselves voluntarily or were referred by their doctors or other medical departments. It was, however, appreciated that the incidence of venereal diseases was kept up by two main factors—(1) the uninvestigated, untreated reservoir of infection in the community—individuals who, from ignorance, apathy, fear of the social stigma of being known to attend a clinic, transience of symptoms, or other causes, remained untreated, and (2) defaulters from treatment who were either still infective or liable to undergo contagious relapse.

The services of skilled social workers and the full development of this aspect of venereal diseases work are as essential as the provision of skilled medical and nursing staff to ensure the maximum efficiency of a clinic. The location of suspected sources of, or subsequent contacts to, infection is the first step towards influencing attendance at a clinic, and is a task frequently rendered tedious and difficult by the incomplete identifying particulars so often obtained, a reflex of the casual promiscuity of the times. Equally important is the control of premature discontinuance of treatment or surveillance, a matter made more necessary for evaluation of the results of the recent new therapeutic agents.

Statistics relating to the work of the venereal diseases department are included in the statistical appendix, pages 102-104.

Appendix V.

THE WORK OF THE PREVENTIVE MEDICINE LABORATORIES

By Dr. K. E. COOPER and Dr. DOROTHY WOODMAN

Examinations made during 1945 (statistics pages 91-93).

The end of the first post-war year affords an opportunity of presenting the work of the Preventive Medicine Laboratories as a report on the lines established during the pre-war years. The sub-division of the report as presented, for example, in 1938, requires re-subdivision owing to the changes in organisation which have taken place during the war years. The section headed "Clinical Pathology" contains the report by Dr. Woodman on the work which the laboratory does for the hospitals that it serves. In the rest of this report no attempt has been made to sub-divide the work of the laboratory into bacteriology and clinical pathology, as this work is now so closely interwoven.

The number of examinations made during the year were 87,569 for the City of Bristol, and 9,694 by private contract; this represents a continued increase on the war years. Compared with 25,623 and 3,944 respectively for 1938, it is over three times as great. This, of course, is not accounted for by any epidemic, as the year was completely free from any such incident.

The war has left its mark by the incidence of venereal disease and pulmonary tuberculosis, but the only other bacterial disease showing any increased incidence is dysentery; this is of a very mild but highly infectious type. The growth of the work is therefore mainly due to an increased use of laboratory facilities by the medical profession for the diagnosis of disease and, in particular, to the increased bacteriological estimation of the response to treatment by new remedies such as the sulphonamides and penicillin, and to the great emphasis now placed upon the prevention of infection by the control of carriers and cases.

The increased use of immunisation to prevent diphtheria has resulted in the smallest number of cases ever notified in the City of Bristol during one year. The number of cases and carriers diagnosed in the laboratory is considerably larger than the Bristol notifications, because the laboratory serves the surrounding district. An epidemic occurred in Gloucestershire in January which was quickly brought under control. Duplicate methods of examination of swabs are carried out in the laboratory and all strains of diphtheria are typed, as this information is valuable to the Medical Research Council for the purpose of estimating the threat of diphtheria in different localities. Of a total 172 cases diagnosed, 25.6% were gravis infections as against 2.6% of 536 cases in 1939 (the first year typing figures were available). This increase in gravis infection is probably the result of the fact that the strain is capable of sometimes causing mild cases even in immunised children, whereas the mitis type of diphtheria is particularly incapable of doing this. In the absence of immunisation, gravis is the type which causes the most severe epidemics with the highest mortality.

Enteric Fever.—No case of paratyphoid fever occurred during the year, and only two cases of typhoid were notified in the City of Bristol. Both these cases were infected abroad. However, an epidemic of typhoid occurred in a nursery in Gloucestershire which we were asked by the Ministry of Health to investigate. Altogether eight cases were discovered between the end of October, 1944, and the 10th April, 1945. Full use was made of all modern methods for investigating personnel for typhoid carriers. Two carriers were discovered, though the history of the cases suggests that case to case infection may have been responsible for the prolonging of the epidemic. The way in which the infection was first introduced to the nursery is still doubtful, but with the removal of all cases and carriers to isolation the outbreak was satisfactorily terminated.

Food Poisoning Infections.—Only eight cases of salmonella infection were discovered during the year and no epidemic occurred.

Dysentery.—The steady increase in sonne dysentery infections observed during the war years continued and 386 cases were notified in the year; the laboratory altogether discovered 455 infections (including outside areas). No week in the year was free from the discovery of such infections, though the heaviest incidence was in the spring. For every case discovered one or more undiscovered cases certainly existed in the community, and there is little doubt that the spread of this disease is primarily due to the lack of proper hygienic conditions in the preparation of food and the cleanliness of utensils used in food preparation in the homes, canteens and factories.

Venereal Disease—Gonorrhæa. The diagnosis of gonococcal infection has been much improved by satisfactory arrangements with the venereal diseases clinics, particularly in regard to the improvement of the methods used for cultivating this organism. 8,538 cultures were made as against 848 in 1938. What is more important is that positive cultures were obtained and conclusively identified from 179 patients. The number of smears examined for gonococci has risen to 12,646 as against 5,421 in 1938.

Syphilis.—Over 23,000 examinations for syphilitic infection were made during the year as against 5,500 in 1938. The volume of this increase is even greater than is apparent from the figures, because the laboratory did nearly 1,000 quantitative Wassermann reactions in the last nine months of the year. This much more prolonged examination is now required to control the treatment of those patients who receive penicillin for the control of their syphilitic infection. In addition, much more extensive investigations are done as a matter of routine to discover latent syphilitic infections in ante-natal clinics and maternity hospitals.

Water Analyses.—The table of results of the routine water analyses performed by the laboratory is appended. The unusual faecal pollutions discovered during the year in the main water supplies were all dealt with and removed. The single recorded instance of pollution in a city water supply was present in one newly laid main in one street and was due to the tow wadding incorporated in the pipe joints, and not to any sewage pollution. A batch of unusually high bacterial counts obtained in the laboratory in July was traced to the failure of an oven in the laboratory to sterilize some glassware from a heat resistant sporing organism. Statistical analyses of the bacteriological results on waters are continually done in the laboratory, and this is the only way in which laboratory technique can be proved to be adequate and failures, which must occasionally occur in the best laboratory, discovered. The methods employed were demonstrated at a regional meeting of the Emergency Public Health Laboratory Service.

| WATERS, 1945 | 37°C. Count | | | 22° C. Count | | | Presumptive Coli in 100 c.c. | | | | Faecal Coli Present | TOTAL |
|--|-------------|-----------|---------|--------------|-----------|---------|------------------------------|------|--------|-------|---------------------|-------|
| | 0-100 | 100-1,000 | > 1,000 | 0-200 | 200-1,000 | > 1,000 | 0 | 1-10 | 10-100 | > 100 | | |
| City mains, Bristol Water Co. ... | 105 | 6 | 4 | 104 | 7 | 4 | 104 | 3 | 4 | 4 | 1 | 115 |
| Hospitals with W. Gos. Water Co. ... | 55 | 1 | 2 | 53 | 1 | 4 | 50 | 6 | 2 | 0 | 4 | 58 |
| Hospitals with Portishead Water Co. ... | 63 | 3 | 2 | 62 | 5 | 1 | 64 | 3 | 1 | 0 | 3 | 68 |
| Bristol—other supplies— Wells, etc. ... | 4 | 1 | 6 | 1 | 3 | 7 | 1 | 0 | 8 | 2 | 4 | 11 |
| Somerset— other supplies ... | 20 | 4 | 1 | 20 | 1 | 4 | 22 | 0 | 2 | 1 | 0 | 25 |
| Gloucester— other supplies ... | 16 | 9 | 2 | 15 | 6 | 6 | 10 | 4 | 4 | 9 | 6 | 27 |
| Miscellaneous— ships, baths, etc. ... | 0 | 0 | 4 | 0 | 0 | 4 | 0 | 0 | *3 | 4 | 4 | 4 |
| | | | | | | | | | | | 22 | 308 |

* Three samples taken from three different parts of River Avon for Coli only.

Milks.—Raw milks. The results of the official tests under the Special Designations Order for accredited and T.T. milks are presented in the tables below. The number of milks in these categories is fortunately much less than in 1938, as more and more milk is being rendered safe for public consumption by some form of heat treatment. The standard attained by the raw milks is even less satisfactory than it was in 1938, and the quicker these milks with all their dangers disappear from the market the better for public safety.

Heat treated milks. Holder Process Pasteurisation milk, the longest established and most satisfactory form of heat treated milk, had to be supplemented during the war by the legalisation of a new process called High Temperature Short Time Pasteurisation. The process is more economical in plant, time, and labour consumption, and can be run as efficiently as the old process. It requires, however, careful inspection and supervision of the plants by the inspectorial staff, backed by laboratory examinations. With this supervision pasteurised milk can still be regarded as being as safe as it was in pre-war times. During 1945 a category of milk called "Heat Treated" was legalised; the only conditions which this milk has to pass are:—

- (1) that it should have been heated to a degree high enough to destroy the phosphatase (a substance which is destroyed by temperature and time conditions just below that of true pasteurisation).
- (2) that when bottled and kept it shall pass a specially devised short methylene blue test. This ensures that it has not been put into very dirty bottles.

This latter test is entirely distinct from the long methylene blue test applied to raw milks and is of a much lower standard. In the laboratory we have supplemented it by an additional test for bacterium-coli in 1/10th c.c. This again is different from the test on raw milks for bacterium-coli in 1/100 c.c., as the latter test is done without keeping the milk at room temperature. Tables of the results of heat treated and on pasteurised milks are given; the percentage of pasteurised milks failing the official test was 12.6%. We know this milk is of a higher standard than other forms of heat treated milk, yet the number of heat treated milks failing the official test is only 7.7%. These tests are quite obviously of a lower standard than we have been accustomed to in the past. The bacterium-coli test on heat treated milks cannot satisfactorily be compared with the bacterium-coli test on pasteurised milk, for although the volume of milk tested is the same, the heat treated milks are kept at room temperature over night before they are tested. The high percentage of heat treated milks failing the test is, however, indicative of the fact that the bottles into which these milks are put are not free from contamination in many plants.

| | | ACCREDITED MILKS, 1945 | | | |
|-------------------------|-----|------------------------------------|--------------------|--------------------|--------------------|
| | | Long Methylene Blue Reduction Test | | | |
| | | Satisfied | | Not Satisfied | |
| | | Coli Pass 1/100 | Coli Fail 1/100 | Coli Pass 1/100 | Coli Fail 1/100 |
| January to March ... | ... | 21 | 1 | 0 | 1 |
| April to June ... | ... | 10 | 9 | 2 | 14 |
| July to September ... | ... | 17 | 4 | 1 | 13 |
| October to December ... | ... | 22 | 3 | 0 | 3 |
| Totals ... | ... | 70 | 17 | 3 | 31 |

| TUBERCULIN TESTED MILKS, 1945. | | | | | | |
|------------------------------------|-----|-----|--------------------|--------------------|--------------------|--------------------|
| Long Methylene Blue Reduction Test | | | | | | |
| | | | Satisfied | | Not Satisfied | |
| | | | Coli Pass 1/100 | Coli Fail 1/100 | Coli Pass 1/100 | Coli Fail 1/100 |
| January to March ... | ... | ... | 29 | 1 | 1 | 2 |
| April to June ... | ... | ... | 23 | 20 | 8 | 6 |
| July to September ... | ... | ... | 15 | 8 | 7 | 18 |
| October to December ... | ... | ... | 31 | 8 | 1 | 0 |
| Totals ... | | | 98 | 37 | 17 | 26 |

| PASTEURISED MILKS, 1945 | | | | | | |
|-------------------------|-----|-----|-------------------|-------------------|-------------------|-------------------|
| | | | Count Pass | | Count Fail | |
| | | | Coli Pass 1/10 | Coli Fail 1/10 | Coli Pass 1/10 | Coli Fail 1/10 |
| January to March ... | ... | | 109 | 4 | 8 | 0 |
| April to June ... | ... | | 74 | 16 | 4 | 14 |
| July to September ... | ... | | 79 | 19 | 13 | 13 |
| October to December ... | ... | | 73 | 15 | 1 | 3 |
| Totals ... | | | 335 | 54 | 26 | 30 |
| % totals ... | ... | ... | 75.3% | 12.1% | 5.8% | 6.8% |
| Fail official test ... | ... | ... | | | 12.6% | |
| Fail B. coli test ... | ... | ... | | | 18.9% | |

| | | HEAT TREATED MILKS, 1945 | | | |
|-------------------------|-----|----------------------------|-------------------|----------------------------|-------------------|
| | | Short Methylene Blue, Pass | | Short Methylene Blue, Fail | |
| | | Coli Pass 1/10 | Coli Fail 1/10 | Coli Pass 1/10 | Coli Fail 1/10 |
| January to March ... | ... | — | — | — | — |
| April to June ... | ... | 19 | 44 | 0 | 7 |
| July to September ... | ... | 17 | 43 | 0 | 3 |
| October to December ... | ... | 18 | 28 | 1 | 3 |
| Totals ... | | 54 | 115 | 1 | 13 |
| % totals ... | | 29.5% | 62.8% | 0.6% | 7.1% |
| Fail official test ... | | | | 7.7% | |
| Fail B. coli test ... | | | | 69.9% | |

Penicillin.

The laboratory undertook the storage and distribution of penicillin for the clinics and municipal hospitals. Until adequate dispensing arrangements could be made at each hospital concerned, dispensing was also undertaken by the laboratory staff. Much work was done on the methods for estimating penicillin and for controlling its stability. A paper on Assay Methods was read at the Partological Society meeting in London and has not been submitted for publication. Additional work is being done on the excretion of penicillin, and the use of single injection methods in oily bases. These methods are particularly advantageous in the treatment of gonorrhœa. The results of treatment of syphilis with penicillin have been investigated by following the immunity response in patients by means of the quantitative Wassermann reaction. The results of this work, which is as yet only in its preliminary stages, were demonstrated at a regional meeting of the Emergency Public Health Laboratory Service.

Teaching.

During the year the usual demonstrations to health visitors have gone on. In addition Dr. Woodman has given a series of demonstrations to the nurses at Southmead Hospital. These were related to infection in the wards and were instituted at the request of the Ministry of Health. They have proved to be convincing to the nurses as to the importance of personal cleanliness and cleanliness in the wards themselves.

The department continued to be responsible for the teaching of bacteriology to medical and science students.

Clinical Pathology Section.

The work of this section has shown a steady increase throughout the year. This is specially marked with regard to Southmead and Ham Green Hospitals, but it is interesting to note that the clinics are using the laboratory more and more.

Southmead Hospital.

The three technicians and members of the staff are kept fully occupied in the small laboratory there. It will greatly facilitate the working conditions when the laboratory is moved to larger premises as are being contemplated now that the war is over and part of the blood transfusion buildings will be released. The total number of examinations carried out are shown in the table (statistics pages 91-93), namely, 16,397—of these 11,260 were examined at the hospital itself. These include some additional tests performed in conjunction with one of the registrars who wished to continue a series of investigations on cases of gastric ulcer which he had started while in the Services.

Ham Green Hospital.

Until April of this year all the laboratory work was carried out at Canynge Hall and one of the medical staff visited the hospital as required by Dr. Peters for special blood investigations. The process of converting a ward into a laboratory was completed early this year, so since April a technician has worked there every afternoon. This has enabled Dr. Peters to obtain quicker reports and released his own staff for purely medical duties. Nine hundred and thirty-six specimens were examined there during the last nine months.

Clinics, Mortimer House, etc.

Numerous visits have been made to Mortimer House by the medical staff when required. In the case of the clinics themselves the patients are able to visit Canynge Hall for investigation. The following table indicates what investigations have been carried out by this section for the clinics. The staff have been very interested to co-operate with Dr. Bell of the special clinic in connection with sterility problems, and are pleased that he is using them to a great extent. The venereal diseases clinic has used this section in connection with penicillin assays on urine from patients receiving penicillin. It is hoped during 1946 to extend this work.

Specimens examined for Clinics and Mortimer House:—

| | | | | | | |
|-------------------------------|-----|-----|-----|-----|-----|-----------------|
| Blood Counts | ... | ... | ... | ... | ... | 164 |
| Reticulocytes | ... | ... | ... | ... | ... | 10 |
| Blood Urea | ... | ... | ... | ... | ... | 46 |
| Blood Sugar | ... | ... | ... | ... | ... | 14 |
| Van den Bergh | ... | ... | ... | ... | ... | 1 |
| Cold Agglutinis | ... | ... | ... | ... | ... | 1 |
| Urines | ... | ... | ... | ... | ... | 184 |
| Urines for T.B. | ... | ... | ... | ... | ... | 13 |
| Friedman Test | ... | ... | ... | ... | ... | 71 |
| Urine for Penicillin Assay | ... | ... | ... | ... | ... | 10 |
| Seminal Fluids | ... | ... | ... | ... | ... | 61 |
| Tissues | ... | ... | ... | ... | ... | 11 |
| Fæces for routine and culture | ... | ... | ... | ... | ... | 17 |
| Fæces for T.B. | ... | ... | ... | ... | ... | 3 |
| Fæces for fat | ... | ... | ... | ... | ... | 4 |
| | | | | | | <hr/> 610 <hr/> |

Bristol Maternity Hospital.

This hospital uses this section since Dr. Woodman and Dr. Cooper were appointed consultants. The main bulk of the work is blood counts which necessitates visits by the pathologist to the hospital. One hundred and fifteen specimens have been examined during the year.

Neuro-Surgical Unit, Burden Institute.

Specimens are sent in by this unit for examination. At the beginning of 1945 we were also supplying penicillin, but during the latter part of the year arrangements have been made for the unit to make up their own preparations of this drug.

It is to be hoped that when the new scheme for State Medicine comes in that a place will be found whereby this section can develop and be of even greater use to the community. A pathological service for all will necessitate an increase in laboratories for service to health clinics and it is anticipated that this department will be able to play a full part.

Appendix VI.

METEOROLOGICAL OBSERVATIONS, 1945

By Mr. H. H. HARDING, meteorologist, Frampton Cotterell, near Bristol.

Results from Readings taken daily at 9 a.m. G.M.T.

| | |
|---|---------------------------|
| Mean pressure (corrected) | 30.009 inches. |
| Departure from average (34 years) | + 0.056 inches. |
| Greatest pressure at 9 a.m. | 30.802 on March 3rd. |
| Least pressure at 9 a.m. | 28.659 on December 19th. |
| Total rainfall at Bishopston (St. Andrew's Park) | 31.69 inches. |
| Departure from average (Clifton 39 years) | - 3.40 inches. |
| Number of rainy days | 169 |
| Heaviest fall in 24 hours | 1.31 inches on Oct. 25th. |
| Total rainfall at Frampton Cotterell | 29.77 inches. |
| Departure from average (34 years) | - 1.75 inches. |
| Number of rainy days | 189 |
| Departure from average (34 years) | + 5. |
| Days with 0.04 inches or more | 129 |
| Days with less than 0.04 inches | 60 |
| Heaviest fall in 24 hours | 0.97 on Oct. 23rd. |
| Mean humidity at 9 a.m. | 84.6%. |
| Mean temperature (maximum 8 mins.) | 51.2 degrees. |
| Departure from average (34 years) | + 1.8 degrees. |
| Maximum temperature in screen | 82 degrees on August 3rd. |
| Minimum temperature in screen | 8.6 degrees on Jan. 29th. |
| Minimum temperature on grass | 4 degrees on Jan. 29th. |
| Mean of warmest day | 69.7 on July 15th. |
| Mean of coldest day | 22.2 on Jan. 26th. |
| Hours of bright sunshine (estimated) | 1,358½ hours. |
| Departure from average (34 years) | - 180 |
| Days of bright sunshine | 111 |
| Days entirely overcast | 79 |
| Days with fog | 59 |
| Days with thunder | 15 |
| Days with snow | 13 |
| Number of frosts in screen | 45 |
| Number of ground frosts | 88 |

Appendix VII.

HEALTH CENTRE SERVICES IN BRISTOL—PROPOSALS FOR THE FUTURE

By Dr. R. H. PARRY, Medical Officer of Health

(Prepared in accordance with the resolution of the Health Committee and subsequently approved by them in principle)

Review.

In October, 1937, the Health Committee considered a report indicating what appeared then to be the minimum provision necessary for a health centres scheme covering the whole of the city.

At that time the Central Health Clinic had just been opened, as had also the district health centres of Speedwell and Bedminster, which latter, together with Portway Joint Clinic (opened 1935), were part of the original scheme for a ring of five such centres with a main Central Clinic. The plans for the fourth, at Southmead, had already been approved, and negotiations for the purchase of the site for the fifth, at Brislington, were to be commenced.

Although the new centres had been open for so short a period, the following comment appeared in the report:—

"that as a result of the construction of modern, well-equipped buildings, attendances had increased enormously. Your staff unanimously agree that spacious, well-equipped buildings are not only more convenient and efficient from the staff's point of view but are appreciated and respected much more by the people who utilise them. The converse is also true—that the services in Bristol have suffered as the result of inadequate and inefficient clinic accommodation."

What was stated then has been clearly proved by experience since, and clinic attendances increased from just under a quarter of a million in 1934 to over 400,000 in 1944 (excluding chest clinic, x-ray, and mass x-ray at a rate of a further 60,000 per annum); this in spite of the set-backs of the war years, evacuation, shortage of staff, use of clinics for Civil Defence purposes, etc., all of which have had and probably are still in some degrees having an effect on the number of attendances.

It is still a fact that the limited number of health centres are serving too wide an area and too numerous a population.

Besides the central and district health centres the 1937 report also envisaged a third type of centre for those services, i.e., ante-natal, post-natal, infant welfare, minor ailments, etc., which would need to be established nearer to the homes of the people using them.

All these centres were to serve the joint purposes of the Health and Education Committees for their respective services. Unfortunately, the war interrupted the completion of this plan.

In some ways, however, this war gap involving deferment of plans has been advantageous. In retrospect we can see clearly that the essentials of the Committee's scheme for health centres of various grades sited throughout the city have been endorsed by results. Modifications now under consideration are therefore by way of amplification rather than amendment of the original scheme; district health centres will assume greater importance in providing additional services on a "divisional" basis, whilst the number of small type centres will be multiplied to place one within easy reach of the user's home.

Health Centre area defined.

For the purpose of defining "health centre" areas, a standard, based on two components; one, distance from the home and the other related to population, was accepted.

With regard to the former, a centre should serve an area within a radius of approximately $\frac{1}{2}$ -mile, in order that patients attending for regular treatment or advice should not be obliged to travel much greater walking distance than this from their homes. With the change-over from trams to buses which cannot carry perambulators, little or no account need be taken of public transport in relation to the centres providing infant welfare services. This distance factor would not apply to the less frequently used specialist and other services where a measure of centralisation is necessary in the interests of economy of staff and equipment.

Population.

With regard to population, it is clear that a health centre of the dimensions of the Southmead Clinic is able to serve a population up to about 10,000. That is the standard chosen. The last census was taken in 1931 and many changes have occurred by way of slum clearance and re-housing, bomb-damage and overcrowding to invalidate district population figures enumerated at that time. An estimate has therefore been prepared (see Table 1, page 71) based on the number of births notified during 1944 allotted statistically to a particular locality, and assuming in round figures a post-war population of the city of 421,000, which is slightly in excess of the Registrar-General's pre-war estimate of mid-1939. The dispersal of the population in the age groups shown has been calculated in the same proportion as found at the last census. This method is open to margins of error arising from the fact that no account is taken of differences in the birth rate which may arise when comparing an "old" area with a "new," neither is it possible to forecast what allowance should be made for overcrowding as a result of war conditions, and what the ultimate dispersal of the population may be when new housing permits the two or more families now living in one house to set up their own home. It is, however, the nearest estimate which can be made in the absence of an enumeration.

Classification of Centres—Services.

Against these two standards of size and population has to be balanced the special geographical and topographical features of each area, and the existence of the present modern health centre premises has also to be borne in mind in framing boundaries. This has been done and the resulting areas have been delineated on a map of the city and are referred to by reference number in the schedule table 1. See also diagram, table 4 (pages 74-75).

The result may be summarised as follows:—

| | | | |
|---|---|---|---|
| 6 Main divisional areas having class "A" centres* | | | |
| 4 Sub-divisional areas | " | " | " |
| 33 Districts | " | " | " |

Of the centres thus required five are already adequately housed (or may be made so) in their existing premises. These are indicated in table 1 by a cross beside the class letter in column 3.

There may be an additional district if the proposal for a housing estate on Dundry Slopes (at present outside the city boundary) is proceeded with. The Committee are reminded that they have already given consideration to a report on the health services in the Avonmouth Dock area. In view of the special consideration arising the scheme is excluded from this report and no further reference is made herein to the services for this area which are distinct from the general provision in the city.

* The services appropriate to each class of health centre are given in table 2, and a plan of the allocation of centres and services in a division is given in table 3 (pages 73-74).

It will be noted that in all cases where it has been possible (three out of the six) the main divisional centre is to be located adjacent to a hospital, present or proposed, where, *inter alia*, the X-ray plant will be available and the specialist staff will already have reason for visiting. The main result of such arrangements will be that three (or four) of these centres will form "Main" centres for North, Central and South Bristol respectively.

An additional four sub-divisional areas—Speedwell, Stapleton Road, St. John's Lane, St. Anne's—have been so earmarked in order to further decentralise dental and sunlight services, the volume of demand for which lies mid-way between the localised and other specialist services. These centres would also serve certain of their adjacent areas for these particular services (see table 1).

The size of the centre and so whether it will be open full-time or part-time will depend on the present and ultimate population which it is expected to serve.

Ancillary Accommodation.

The original district health centres were provided with a room for the sanitary inspector of the district, which he has been able to use as a base and make contact with the health visitors so that their activities might be properly co-ordinated. The chief sanitary inspector is satisfied that a continuation of this arrangement and its extension to all centres in sufficiently built-up areas is desirable.

The Committee have been concerned with the serious difficulties of providing proper living accommodation for their district midwifery staff and pupils in the districts in which they work. The planning of health centres in all parts of the city suggests an alternative to the present method of individual house accommodation or a proposal to establish *ad-hoc* hostels. It is most difficult to obtain houses of a suitable size, standard and location; there are difficulties of supervision of separately housed staff in scattered premises; reliefs and transport remain a problem. Some of these difficulties would be solved by hostels, but there are still problems of domestic services, building maintenance and transport in respect of each establishment. The provision of a flat for midwife and pupil at selected health centres would be a further step to assembling all health services in the recognised building and would be, ultimately, a solution to most of the administrative problems discussed above. This aspect of accommodation would be considered for each centre when plans are being prepared.

The District Nurses Association have been informally consulted as to whether there might be good reason for providing a room for district nurses in any new centre. Miss Dixon, the Superintendent, said that the policy to accommodate district nurses in hostels had been decided upon and these would be the base from which the nurses would work. The hostels would be few in number, however, and in some out-lying districts the provision of a sterilising room would be desirable. She would accordingly like to be kept informed of developments so that consideration might be given to the Association's needs as opportunity arises.

The views of the City Treasurer have also been obtained as to the extent to which he would wish to earmark accommodation at health centres in accordance with the approval in principle which has already been given by the Health Committee. He is of opinion that in the interests of the public and their convenience district offices should be provided for the receipt and payment of moneys. These offices would be mainly in connection with local rates, electricity accounts, housing, allotment rents, health and other accounts: they would also be convenient for paying salaries and wages to employees and various allowances, and also be the base for the Corporation collectors. A general office with a counter and a private room is suggested for incorporation in any plans.

Adverting again to my report of 1937, reference was made to the question of the district medical services under the Public Assistance Committee, and to the desirability of incorporating this with the health centre service. The time is now ripe for this reform, and the necessary provision for diagnosis and treatment by the district medical officer should be made in all health centres.

The question as to whether it will be necessary, sooner or later, to provide consulting rooms for the general practitioner at the health centre depends on the ultimate form of the Government's proposals for the National Health Service. In the meantime, the possibilities must be borne in mind in regard to extensions of accommodation requirements foreshadowed above.

In some instances it has been possible to pre-consider a provisional recommendation for the site of the new centre and exploratory enquiries are being continued. In general the choice of site may be governed by a consideration of its relation to the natural centre of gravity, or focal point of the area, accessibility, gradients and, where possible, such as new housing sites, the town planning proposals. It is considered that a site of approximately one to two acres in extent would provide adequate space for the building and precincts and also allow for extensions whenever these may be deemed necessary.

I would like to include a recommendation that when detailed plans are being prepared, consideration should be given to the "temporary" method of construction for all small centres so that the capital outlay need not militate against reconstruction when, with the progress of services and ideas, that course may become desirable in order to maintain efficiency.

Priorities.

It is necessary to lay down a scheme of priorities. Not only is there greater or less need for extended health services in one area when compared with another: some are relatively well provided for by present buildings: some areas are as yet undeveloped: it will also not be possible to give effect to the full programme over a short period having regard to the building and supplies position generally.

The following are suggested as urgent needs:—

- (1) The south-east division, with a population of 73,000, is the least catered for of the divisions and the density of population on the Knowle housing estates, together with the pending housing development, points the area in greatest need in the division, viz., Filwood Park.
- (2) Brislington.—This area had been under review for the early provision of a centre in pre-war days.
- (3) Bishopston—remote from Southmead or Central, is densely populated.
- (4) Stapleton Road—dense population and site available—Claremont Street—*or* Whiteladies—dense population but no site available.
- (5) Fishponds—scattered population remote from existing centre at Speedwell. Site available—Snowdon Road Hospital.
- (6) Chessels—remote from St. John's Lane centre. Need for Main Divisional Centre in South.

Besides priorities there is also the question of opportunity, *e.g.*, as a desirable property or site may fall into the market.

It will be necessary, therefore, within the framework of the foregoing scheme, for approval to be given from time to time to proceed with the acquisition of property and the preparation of plans for each establishment.

I am indebted to Mr. L. R. Rogers for the considerable assistance he has given in the preparation of this report.

Table 1.

CITY AND COUNTY OF BRISTOL

DISTRICT POPULATION ESTIMATE (based on number of births 1944—dispersal in age groups in proportion as 1931 census),
AND

TYPE OF HEALTH CENTRE
PROPOSED

Class "A" = MAIN DIVISIONAL HEALTH
CENTRE.

„ "B" = SUB-DIVISIONAL HEALTH
CENTRE.

„ "C" = DISTRICT HEALTH CENTRE.

Services
as
Table 2.

| District | Ref. No. | Class | Births 1944 | Population. | | | | Total Pop'n. 000's |
|--------------------------|-------------|-------|----------------|-------------|----------|-----------|--------|--------------------------|
| | | | | 0-2 yrs. | 2-5 yrs. | 5-15 yrs. | 15 + | |
| Division "A," | | | | | | | | |
| North-West | | | | | | | | |
| Shirehampton | 2 | A | 146 | 270 | 360 | 1,440 | 6,930 | 9 |
| Avonmouth | 1 | C | 72 | 120 | 160 | 640 | 3,080 | 4 |
| Kingsweston | 3 | C | | | | | | 0 |
| Sea Mills | 4 | C | 111 | 210 | 280 | 1,120 | 5,390 | 7 |
| Stoke Bishop | 5 | C | 94 | 180 | 240 | 960 | 4,620 | 6 |
| | | | | | | | | — |
| | | | | | | | | 26 |
| | | | | | | | | — |
| Division "B," North | | | | | | | | |
| Southmead | 10 | A† | 231 | 420 | 560 | 2,240 | 10,780 | 14 |
| Henbury & Brentry | 6 | C | | | | | | 0 |
| Westbury | 7 | C | 102 | 180 | 240 | 960 | 4,620 | 6 |
| Southmead Ext. | 8 | C | 110 | 210 | 280 | 1,120 | 5,390 | 7 |
| Henleaze | 9 | C | 113 | 210 | 280 | 1,120 | 5,390 | 7 |
| Lockleaze | 11 | C | 126 | 210 | 280 | 1,120 | 5,390 | 7 |
| Horfield | 12 | C | 215 | 400 | 520 | 2,080 | 10,000 | 13 |
| Westbury Park | 13 | C | 144 | 270 | 360 | 1,440 | 6,930 | 9 |
| Bishopston | 14 | C | 281 | 500 | 680 | 2,720 | 13,100 | 17 |
| | | | | | | | | — |
| | | | | | | | | 80 |
| | | | | | | | | — |
| Division "C," | | | | | | | | |
| North-East | | | | | | | | |
| Fishponds | 15 | A | 168 | 300 | 400 | 1,600 | 7,700 | 10 |
| Speedwell | 17 | *B† | 271 | 480 | 640 | 2,560 | 12,320 | 16 |
| Hillfields | 16 | C | 192 | 330 | 440 | 1,760 | 8,470 | 11 |
| Easton | 18 | C | 212 | 400 | 520 | 2,080 | 10,000 | 13 |
| St. George | 19 | *C | 173 | 300 | 400 | 1,600 | 7,700 | 10 |
| Kingswood | 20 | *C | 164 | 300 | 400 | 1,600 | 7,700 | 10 |
| | | | | | | | | — |
| | | | | | | | | 70 |
| | | | | | | | | — |

Continued next page.

TABLE 1—continued.

| District | Ref. No. | Class | Births 1944 | Population. | | | | Total Pop'n. 000's |
|----------------------------|-------------|-------|----------------|-------------|----------|-----------|--------|--------------------------|
| | | | | 0-2 yrs. | 2-5 yrs. | 5-15 yrs. | 15 + | |
| Division "D," Central | | | | | | | | |
| Central | 27 | A† | 238 | 420 | 560 | 2,240 | 10,780 | 14 |
| Stapleton Road | 24 | *B | 302 | 540 | 720 | 2,880 | 13,860 | 18 |
| Whiteladies | 21 | C | 279 | 500 | 680 | 2,720 | 13,000 | 17 |
| Kingsdown | 22 | C | 132 | 240 | 320 | 1,280 | 6,160 | 8 |
| Ashley | 23 | *C | 217 | 400 | 520 | 2,080 | 10,000 | 13 |
| Whitehall | 25 | *C | 175 | 300 | 400 | 1,600 | 7,700 | 10 |
| Barton Hill | 26 | C | 206 | 360 | 480 | 1,920 | 9,240 | 12 |
| Clifton & Hotwells | 28 | C† | 261 | 480 | 640 | 2,560 | 12,320 | 16 |
| | | | | | | | | — |
| | | | | | | | | 108 |
| | | | | | | | | — |
| Division "E," | | | | | | | | |
| South-West | | | | | | | | |
| Chessels | 33 | A | 187 | 330 | 440 | 1,760 | 8,470 | 11 |
| St. John's Lane | 31 | *B† | 199 | 360 | 480 | 1,920 | 9,240 | 12 |
| Ashton | 29 | C | 188 | 330 | 440 | 1,760 | 8,470 | 11 |
| Southville | 30 | C | 178 | 330 | 440 | 1,760 | 8,470 | 11 |
| Parson Street | 32 | *C | 131 | 240 | 320 | 1,280 | 6,160 | 8 |
| Bedminster Down | 34 | C | 111 | 210 | 280 | 1,120 | 5,390 | 7 |
| Headley Park | 35 | C | 60 | 180 | 240 | 960 | 2,620 | 4 |
| | | | | | | | | — |
| | | | | | | | | 64 |
| | | | | | | | | — |
| Division "F," | | | | | | | | |
| South-East | | | | | | | | |
| Hengrove & Whitchurch | 43 | A | 157 | 300 | 400 | 1,600 | 7,700 | 10 |
| Totterdown | 36 | C | 129 | 240 | 320 | 1,280 | 6,160 | 8 |
| St. Anne's | 37 | *B | 168 | 300 | 400 | 1,600 | 7,700 | 10 |
| Broomhill | 38 | *C | 61 | 120 | 160 | 640 | 3,080 | 4 |
| Brislington & West Town | 39 | *C | 178 | 300 | 400 | 1,600 | 7,700 | 10 |
| Knowle Park | 40 | C | 157 | 270 | 360 | 1,440 | 6,930 | 9 |
| Novers | 41 | C | 147 | 270 | 360 | 1,440 | 6,930 | 9 |
| Filwood Park | 42 | C | 210 | 400 | 520 | 2,080 | 10,000 | 13 |
| | | | | | | | | — |
| | | | | | | | | 73 |
| | | | | | | | | — |
| Total estimated population | | | | | | | | 421 |

* Indicates that the "B" centre in the division serves the areas thus marked for dental and sunlight services.

† Adequate existing health centre, subject to extension as necessary.

Table 2.

SERVICES AT HEALTH CENTRES

| CLASS "A" Main Divisional Health Centre | CLASS "B" Sub-Divisional Health Centre | CLASS "C" District Health Centre |
|--|---|-------------------------------------|
| Ante-natal—routine —————→ | Ditto —————→ | Ditto |
| Ante-natal—consultant —————→ | No | No |
| Post-natal —————→ | Ditto —————→ | Ditto |
| Birth Control) | No) | No |
| Sterility) |) | |
| Infant Welfare —————→ | Ditto —————→ | Ditto |
| Medical Inspection —————→ | Ditto —————→ | Ditto |
| Minor Ailments —————→ | Ditto —————→ | Ditto |
| Diphtheria Immunisation —————→ | Ditto —————→ | Ditto |
| Scabies baths) |) | |
| Out-patients) | No) | No |
| Dispensary (drugs, foods, etc.) | Limited | Limited |
| Specialist services— | | |
| Dental —————→ | Ditto) | |
| Sunlight —————→ | Ditto) | |
| Eye) |) | |
| Ear, Nose, Throat) |) | No |
| Orthopædic) |) | |
| X-ray) |) | |
| V.D.) | No) | |
| Chest) |) | |
| Asthma) |) | |
| Foot Clinic) |) | |
| Health Visitors—records —————→ | Ditto —————→ | Ditto |
| Sanitary Inspectors —————→ | Ditto —————→ | Ditto |
| Welfare Officers (inc. Soc. Welf.) | No | No |
| Midwives | Residential accommodation as required | |
| District Nurses | Office as required | |
| Clerical Staff—Records —————→ | Ditto | No |
| City Treasury—Cashier —————→ | Ditto —————→ | Ditto |
| and Collector | | |

Certain services will need to be still more centralised and therefore are not included above, *e.g.*—

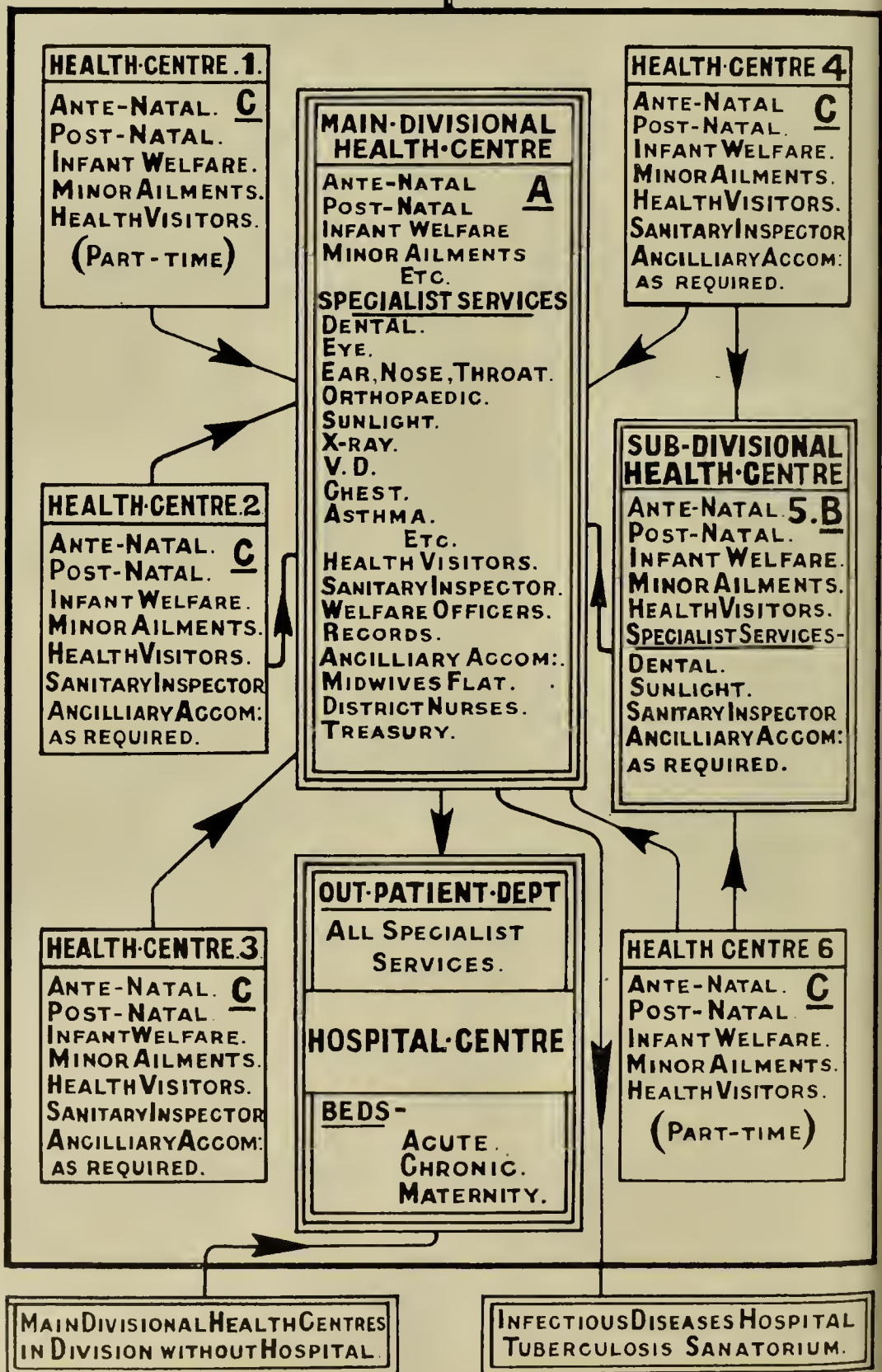
Administration
 Training school
 Mass radiography
 Cardio-rheumatism
 Speech
 Child guidance
 Backward children
 Other special clinics.

These may be included in one or more of the three main Health Centres, *i.e.*, North, Central, South.

CITY & COUNTY OF BRISTOL

HEALTH-CENTRES-PLAN

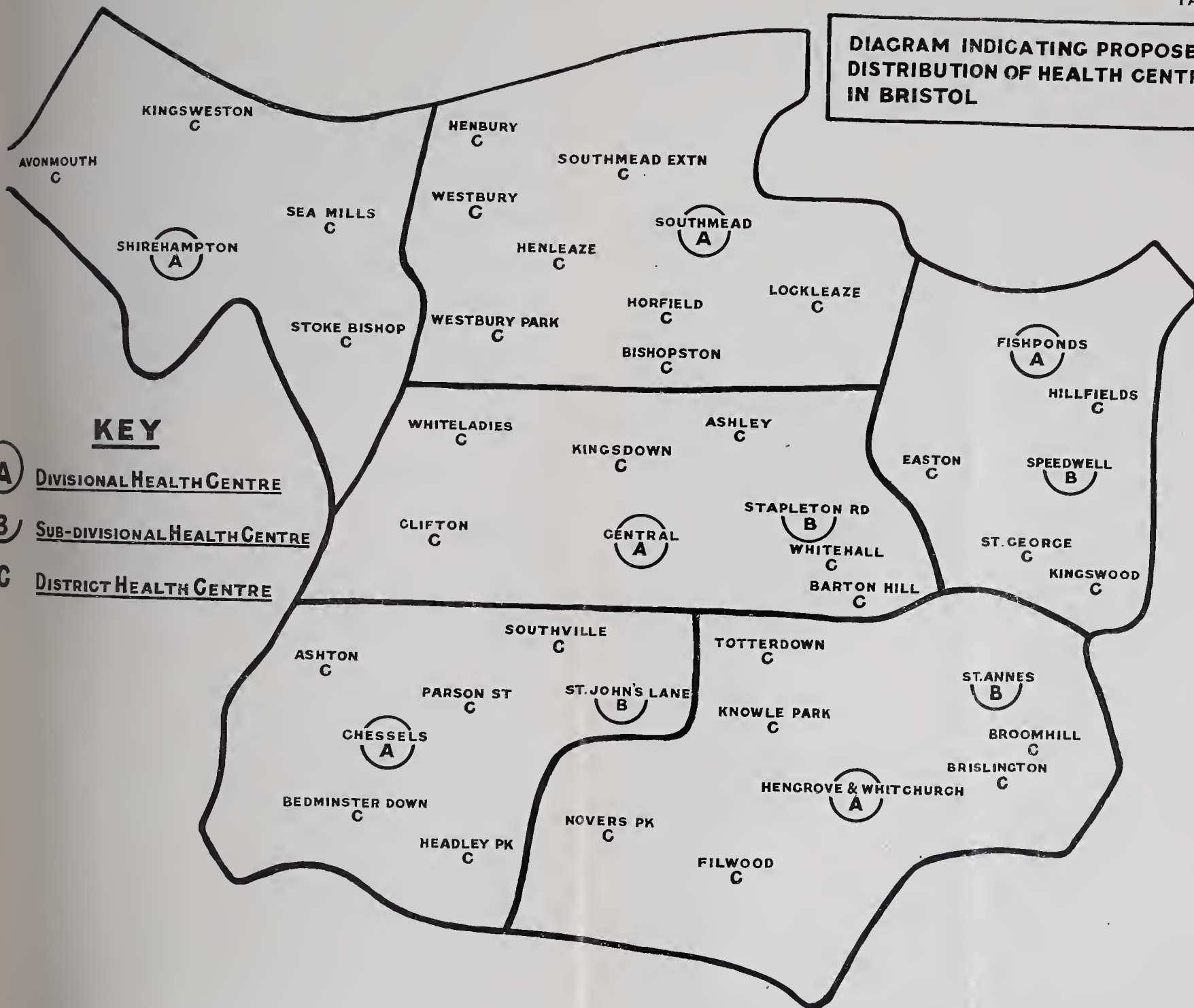
CENTRES & SERVICES IN A DIVISION



**DIAGRAM INDICATING PROPOSED
DISTRIBUTION OF HEALTH CENTRES
IN BRISTOL**

KEY

- (A)** DIVISIONAL HEALTH CENTRE
- (B)** SUB-DIVISIONAL HEALTH CENTRE
- (C)** DISTRICT HEALTH CENTRE



Appendix VIII.

ISOLATION HOSPITAL ACCOMMODATION IN BRISTOL FROM 1921 TO 1945

Consequent on the trend in the incidence of Infectious Diseases

By Dr. R. H. PARRY, Medical Officer of Health.

In 1921 the annual report of the then Medical Officer of Health referred to the considerable deficiency in isolation hospital beds, the combined accommodation of Ham Green and Novers Hill hospitals amounting to only 240 beds compared with a requirement of 382, that being at the rate of one bed per 1,000 population, which is the generally recognised standard provision for a large city. Many patients had to be refused hospital treatment.

At the present time, with an estimated population of 420,000 to be provided for, there are only 340 beds at Ham Green isolation hospital, 25 of these being temporarily allocated to tuberculosis patients and 10 provided specifically for the needs of the North Somerset population by agreement with the local authorities concerned. This leaves only 305 isolation beds for the city (plus 38 at Charterhouse for convalescent cases) against a total of 420 which should be available according to the standard stated above.

How has it been possible with this continued deficiency in bed provision, to cope with the hospital treatment of infectious disease cases? There are two main reasons:

- (1) decrease in the incidence of infectious diseases requiring hospital treatment, and
- (2) improvements in methods of treatment and organisation of the hospital.

(1) The decrease in the incidence of infectious disease requiring hospital treatment.

A quarter of a century is not a very long period in the history of disease, but it is long enough to enable any short term or chance increase or decrease in the number of cases to be ignored; long enough to permit of a general review of tendencies which have become apparent during that period in which it should be noted that the child population is rather less now than in 1921.

In the attached diagram are portrayed the rates of incidence of a very prevalent infectious disease, namely, diphtheria, which usually requires removal of the patient to the isolation hospital for infectious diseases. What do we find? There has been a striking fall in the incidence of diphtheria, which having declined in the period 1931-41, compared with the previous 10 years, had by 1944 reached a remarkably low record which promises to be beaten again in 1945 with a demand for hospital beds equal to only 8% of its average in the 1920's. This is all the more impressive when according to past experience it is considered that this year might have been expected to be a peak year of incidence. The number of patients whose illness resulted in death has also declined, both in total number and in proportion to the number who were ill.

Several factors have played a part in the general improvement in the health of the community and so in a tendency to reduce the incidence of infectious disease. But there is one factor more than any other which is responsible for the remarkable reduction in diphtheria; it is immunisation, commenced in Bristol in 1929 and intensified in 1940. Every mother and father who have had their child immunised have contributed to this greatly improved state of affairs; every parent not accepting the service of immunisation is continuing to risk his child's health and life from diphtheria as well as preventing the defeat of the disease.

It must be emphasised here that the type of diphtheria is still severe and the potential danger to the unimmunised is as great as ever.

(2) The improvement in methods of treatment and organisation at the hospital.

The following facts indicate the extent to which improved methods of treatment have contributed to a decreased demand for hospital beds. The number of deaths has also been reduced very considerably for the same reasons.

In the early years of the period under review the average length of stay for a scarlet fever case in hospital was about eight weeks. The period of isolation is now about three weeks. This can be attributed largely to the successful introduction of serum treatment. In the case of primary pneumonia and secondary pneumonia arising from measles and whooping cough cases, the length of stay in hospital has been cut down by two-thirds; the average length of hospital treatment for cerebro-spinal fever used to be six weeks with a death rate of 70%, but the average period for a patient to recover is now three weeks and the death rate has been reduced to 5%. Infection with erysipelas used to mean a month's stay in hospital—it is now ten days. These considerable reductions in the periods necessary for recovery, resulting in a much shorter term in hospital, are attributed mainly to the use of the sulphonamide drugs and latterly to the use of penicillin.

In the case of diphtheria there has been no appreciable reduction in the length of stay in hospital, but the reduction in the number of deaths between 1931 and 1941 as compared with 1921-30 can be claimed as the result of new methods of treatment evolved and inaugurated at our own isolation hospital by the medical staff under Dr. Peters.

The introduction of the cubicle block where a large ward is split up into cubicles allowing of the isolation of individual patients, provides for much greater flexibility in the use of a ward, *e.g.*, the turn-over of patients in a cubicled ward may be in the region of 13-14 patients per annum, whereas that for a large ward (where the use of all the remaining beds in the ward may be prevented by the admission of a single special case) is roughly six per annum.

In 1921-22 the proportion of diphtheria cases removed to hospital was 84% and scarlet fever 45%, many being turned away for lack of beds. In 1945 it has been possible to remove 100% of diphtheria cases and 80% (all those who wished) of scarlet fever.

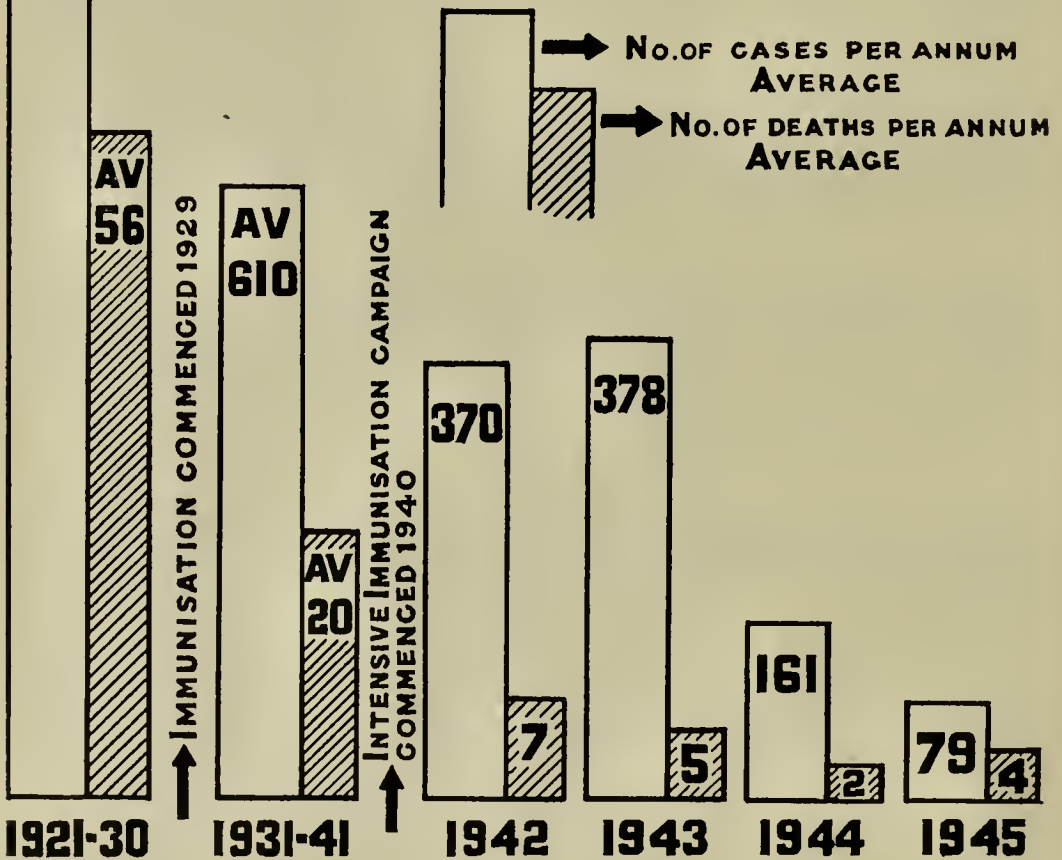
This does not mean that the hospital at Ham Green is now more than adequate to meet the requirements of the city, but on the contrary, its extended use still makes the accommodation limited. Its development as a hospital for the treatment of special diseases has raised its status beyond that of a mere isolation unit and it is able to cope with many cases, as for example, the pneumonias mentioned above, which formerly—if admitted to hospital at all—found their way to one of the general hospitals.

It is certain, however, that had the higher rates of incidence and longer hospital treatment prevailing in the early years of the period under review continued, it would have been impossible to find sufficient hospital accommodation to deal with the outbreaks of infectious disease which might have been anticipated in subsequent years. The extra 90 beds which would have been necessary had the old conditions of (no) prevention and treatment persisted would, on the basis of present expenditure, have cost the Committee more than an additional £20,000 per annum.

It may fairly be claimed that this very much improved position is the result of the constant and unremitting efforts of the Committee's preventive and curative departments.

AV
973

INCIDENCE OF INFECTIOUS DISEASE IN BRISTOL - 1921 - 45 DIAGRAM DIPHTHERIA



Appendix IX.

A STUDY OF CROSS INFECTIONS OVER FORTY YEARS

By Dr. B. A. I. PETERS,

Medical Superintendent, Ham Green Hospital and Sanatorium, Bristol.

The attached table gives the number of cases of cross infection occurring in the infectious diseases portion of Ham Green Hospital for the past forty years. These records are used in the present connection to show the results of certain measures taken to prevent these cross infections. It should be stressed that the problem in fever hospitals differs in no way from that in other children's hospitals, as in fever hospitals cross infection always arises in each unit and never by spread of disease from one ward to another in our experience.

Hospital experience shows that the principal diseases we have to deal with vary greatly in their power of infection. The streptococcal diseases such as scarlet fever, and also diphtheria, need close contact and probably a heavy dose of the infecting organisms to provoke clinical reaction. Dudley's (1923) results showed this clearly for diphtheria in a naval school. Rubella, whooping cough and mumps have a much lower striking power and are comparatively easily controlled, whereas chicken pox and measles are undoubtedly very readily air borne and present our most difficult problem.

During the years 1905-11 inclusive the cross infection rate for all diseases was 2.31% of total admissions; of these chicken pox and measles gave 1.43% and all the other diseases 0.88%. During this period no particular preventive measures were employed, except removing the infected cases to isolation wards when they had developed the second disease.

In 1912 we introduced a system of medical asepsis in nursing the patients based on Biernachi's (1908) method of barrier nursing applied to all patients in the acute wards (Peters 1914). These methods were found to abolish from the acute wards the spread of all infections except chicken pox and measles, but in the convalescent wards, due to infection from carriers, cases of scarlet fever and diphtheria still tended to arise.

In 1913 the acute wards were converted into almost open air wards even during the winter months. The effect of these measures during the seven years 1912-19 were shown in a striking drop of cross infections from 2.31% to 0.3% of all admissions.

The period from 1905 to 1919 in Bristol was a period of epidemiological stability but owing possibly to the effect of the war, a new factor arose in 1920 and onwards, namely, the introduction of a very much more severe type of diphtheria than we had previously experienced which, in the light of more recent knowledge, was probably the introduction of the gravis and intermediate strains of K.L.B. This was shown by a great increase in the number and severity of diphtheria admissions, and also in the rise in cross infections from this disease from one in nine years to thirty in the succeeding ten years, entirely confined to the convalescent wards. Although during the whole of the period since 1912 all admissions were swabbed and, if found to be carrying K.L.B., were segregated, this more severe type broke through our defences.

Curiously enough the same thing happened with scarlet fever where the number of cases contracting scarlet fever rose very considerably, again in the convalescent wards only, causing a rise of the total cross infection rate to 1.4% for the period 1920-24. From 1930 the number of diphtheria admissions has been slowly falling and the infectivity of these strains, although still dominant, does not appear to have been so high, as no cases of cross infection with diphtheria have occurred since 1930.

One other epidemiological incident occurred in the period 1935 when Sonne dysentery first made its appearance in our area. When it first appeared this again had an extraordinarily high infectivity and caused 19 cross infections in the acute wards. We have commented on this (Parry and Peters 1936), but in the last five years, although this disease has been extremely common in Bristol, it has caused us no trouble whatever as regards spreading in the acute wards.

It will be noted from this table that the combined incidence of chicken pox and measles as a cross infecting agent remained remarkably constant from 1912 to 1939 and shows very slight fluctuation round the mean for that period, which is 0.32%.

The incidence with the other diseases has varied very much more widely, probably owing to the epidemiological factors I have already discussed. The recent war, owing to the great diminution of ventilation at night due to the black-out, crowding in shelters during air raids, shortage of rubber gloves and staff, caused a large rise to 0.73% in the incidence of measles and chicken pox and would probably have been considerably higher for all diseases except for a factor to be discussed later, but curiously enough for the carrier borne diseases, such as scarlet fever and diphtheria, the rate is one of the lowest recorded. From these results over a long period one might draw the conclusion that with the most careful precautions among an epidemiologically stable population the occurrence of a cross infection rate of less than 0.8% is unlikely to be attained.

As the winter climate of the West of England is comparatively mild, open air wards are practicable even during most of the winter period, but in more severe climates this would probably prove impossible. Without this safeguard our experience from 1905-11 and 1939-44 shows that a rate of about 2.0% is to be expected.

In 1938 we added 58 cell beds which have been described previously (Peters, Cooper and Davies 1942), and during that period 5,495 cases of every possible infectious disease were treated simultaneously in these cell blocks. Amongst this large number of cases, where the possibility of cross infection was very high, only six cases occurred, namely, four cases of chicken pox and two cases of measles, and these only occurred when the erection of blast walls converted the connecting verandahs almost into closed corridors (a rate of 0.1%). In the remaining 280 large blocks built in the old pattern, 9,659 cases were treated, with 136 cases of cross infection, namely, 1.4% on these admissions. This, of course, was a much higher figure than previously recorded since 1920-24 due to adverse war conditions generally, but if all the patients had been treated in large blocks during this period, the cross infection rate would probably have been nearly as high as it was during the period 1904-11 when no particular precautions were taken, as the ventilation was less effective than in 1904-11.

It will thus be seen that the risk to the patient of contracting a cross infection was fourteen times as great to those nursed in the large wards than to those nursed in the cell blocks. It will, of course, be noted that nursing both series of patients was adversely affected by the black-out, etc.

I think, therefore, one could legitimately draw the conclusion that the real solution of the problem of cross infection lies in nursing children, whether in an infectious diseases hospital or in a general hospital, in cell blocks rather than in large general wards, provided, of course, that proper nursing technique is carried out in the cell blocks. In practice we find it much more easy to train nurses to carry out the proper technique in cell blocks than it is in the big wards and also that no possible technique will prevent children in a convalescent block, where they are running about and in close contact with each other, from contracting from each other the carrier borne diseases such as streptococcal infections. Even if all are swabbed on admission and carriers segregated they are liable to pick up streptococci from visitors or staff.

In this synopsis we have been unable to enumerate the cross infections with different strains of streptococci and also with such things as the troublesome infectious catarrhs. If these could have been added, the difference in the two groups would have been even greater, as patients nursed in the cell blocks remained remarkably free from these troublesome, although less obvious, cross infections.

Summary.

If patients are nursed in general wards, even with the strictest aseptic care and full ventilation, something rather less than 1% of these patients are likely to contract another disease whilst in hospital. By nursing the patients in cell blocks, with proper precautions, the risk of contracting a cross infection is reduced almost to vanishing point. The results of the war show the effect of interference with ventilation.

References.

- Biernachi. 1908 *Nursing-Times*.
- Peters, B. A., 1914. *Public Health*.
- Dudley, S. F., 1923 and 1926. Spec. Reports M.R.C. London 75 and 111.
- Parry, R. H., and Peters, B. A., 1936. *Med. Off.* LV 20, 203.
- Peters, B. A., Cooper, K. E., and Davis, J., 1942. *Public Health*, LV 4.

| Year | No. of admissions during period | Diseases contracted after admission. | | | | | | | | | | % contracted infection after admission | Cross infections with | |
|---------|---------------------------------|--------------------------------------|------|------|------|---------|-------|--------|-------|------------|-------|--|-----------------------|----------------|
| | | | | | | | | | | Sonne Dys. | TOTAL | | C.P. & Measles | Other diseases |
| | | L.F. | C.P. | G.M. | S.F. | Measles | Diph. | Wh. C. | Mumps | | | | | |
| 1905-11 | 6,087 | — | 63 | 24 | 18 | 19 | 9 | 1 | — | — | 139 | 2.31 | 1.43 | 0.88 |
| 1912-19 | 7,793 | — | 13 | — | 7 | 8 | 1 | — | — | — | 29 | 0.37 | 0.27 | 0.1 |
| 1920-24 | 6,920 | — | 2 | 3 | 46 | 22 | 25 | — | — | — | 98 | 1.4 | 0.3 | 1.1 |
| 1925-29 | 7,696 | 2 | 7 | 2 | 30 | 22 | 5 | 5 | — | — | 73 | 0.94 | 0.37 | 0.57 |
| 1930-34 | 8,416 | — | 9 | — | 21 | 18 | — | 1 | — | — | 49 | 0.58 | 0.32 | 0.26 |
| 1935-39 | 9,255 | — | 21 | 3 | 29 | 13 | — | 2 | 1 | 19 | 88 | 0.95 | 0.36 | 0.59 |
| 1940-44 | 10,962 | — | 57 | 2 | 12 | 23 | — | 4 | 2 | — | 100 | 0.91 | 0.73 | 0.18 |

Appendix X.

A.—VITAL STATISTICS.

Table 1.—Supplied by the Registrar General.

Population, marriages, births, deaths, natural increase, infant mortality, for calendar year 1945 and previous six years.—Bristol.

| | 1945 | 1944 | 1943 | 1942 | 1941 | 1940 | 1939 |
|--|---------|---------|---------|---------|-----------------|-----------------|---------|
| Estimated civilian population (mid year) | 414,320 | 405,530 | 370,800 | 362,200 | 360,150 | 411,400 | 419,200 |
| Marriages. | | | | | | | |
| Number | 3,919 | 3,071 | 3,123 | 4,131 | 4,125 | 5,099 | 4,860 |
| Rate per 1,000 population ... | 18.92 | 15.15 | 16.8 | 22.8 | 22.9 | 24.79 | 23.19 |
| Births. | | | | | | | |
| Legitimate—males | 3,352 | 3,726 | 3,369 | 3,164 | 2,614 | 3,180 | 3,106 |
| females | 3,078 | 3,492 | 3,082 | 2,956 | 2,516 | 2,973 | 2,929 |
| Illegitimate—males | 301 | 290 | 214 | 158 | 113 | 100 | 98 |
| females | 296 | 259 | 220 | 144 | 136 | 110 | 86 |
| Total | 7,027 | 7,767 | 6,885 | 6,422 | 5,379 | 6,363 | 6,219 |
| Rate per 1,000 population ... | 16.96 | 19.15 | 18.57 | 17.73 | 14.94 | 15.47 | 14.84 |
| Stillbirths. | | | | | | | |
| Legitimate—males | 78 | 115 | 101 | 123 | 88 | 117 | 133 |
| females | 81 | 85 | 97 | 96 | 82 | 103 | 108 |
| Illegitimate—males | 9 | 15 | 5 | 8 | 5 | 4 | 8 |
| females | 9 | 3 | 6 | 3 | 8 | 4 | 4 |
| Total | 177 | 218 | 209 | 230 | 183 | 228 | 253 |
| Rate per 1,000 total births ... | 25 | 27 | 29 | 34 | 33 | 35 | 39 |
| Deaths. | | | | | | | |
| Males | 2,387 | 2,308 | 2,327 | 2,203 | 2,841 | 3,176 | 2,576 |
| Females | 2,418 | 2,149 | 2,271 | 2,162 | 2,772 | 3,240 | 2,578 |
| Total | 4,805 | 4,457 | 4,598 | 4,365 | 5,613 | 6,416 | 5,154 |
| Rate per 1,000 population ... | 11.60 | 10.99 | 12.40 | 12.05 | 15.59 | 15.60 | 12.29 |
| Natural increase per 1,000 population | 5.36 | 8.16 | 6.17 | 5.68 | decrease .65 | decrease .13 | 2.55 |
| Deaths under 1 year. | | | | | | | |
| Legitimate | 208 | 244 | 290 | 221 | 253 | 336 | 240 |
| Rate per 1,000 births | 32 | 34 | 45 | 36 | 49 | 55 | 40 |
| Illegitimate | 37 | 24 | 23 | 14 | 37 | 22 | 21 |
| Rate per 1,000 births | 62 | 44 | 53 | 46 | 149 | 105 | 114 |
| Total deaths | 245 | 268 | 313 | 235 | 290 | 358 | 261 |
| Rate per 1,000 births | 35 | 35 | 45 | 37 | 54 | 56 | 42 |
| Deaths under 1 month. | | | | | | | |
| Total deaths | 140 | 143 | 191 | 167 | 138 | 196 | 147 |
| Rate per 1,000 live births ... | 20 | 18 | 28 | 24 | 27 | 30 | 21 |
| Diarrhoea and enteritis— (under two years) | | | | | | | |
| Deaths | 22 | 33 | 31 | 9 | 25 | 42 | 22 |
| Rate per 1,000 live births ... | 3.1 | 4.2 | 4.5 | 1.25 | 4.7 | 6.6 | 3.5 |
| Maternal mortality. | | | | | | | |
| Deaths from puerperal sepsis... | 3 | 3 | 2 | 2 | 2 | 5 | 4 |
| Rate per 1,000 total births ... | 0.42 | .37 | .28 | .30 | .37 | .76 | .62 |
| Deaths from other puerperal causes | 6 | 7 | 8 | 11 | 5 | 13 | 15 |
| Rate per 1,000 total births ... | 0.83 | .88 | 1.13 | 1.80 | 0.92 | 1.97 | 2.31 |
| Total deaths from puerperal causes | 9 | 10 | 10 | 13 | 7 | 18 | 19 |
| Rate per 1,000 total births ... | 1.25 | 1.25 | 1.41 | 2.10 | 1.29 | 2.73 | 2.93 |

Table 2.—*Supplied by the Registrar General.*

Birth-rates, death-rates, infant mortality, maternal mortality and case-rates for certain infectious diseases in the year 1945.

(Provisional figures based on weekly and quarterly returns).

| | Bristol | England and Wales | 126 County Boroughs and great towns including London | 148 Smaller towns (resident populations 25,000 to 50,000 at 1931 Census) | London Administra- tive County |
|---|---------|-------------------------|--|--|---|
| Rates per 1,000 population. | | | | | |
| BIRTHS : | | | | | |
| Live | 16.96 | 16.1 (A) | 19.1 | 19.2 | 15.7 |
| Still | 0.43 | 0.46 (A) | 0.58 | 0.53 | 0.40 |
| DEATHS : | | | | | |
| All causes | 11.60 | 11.4 (A) | 13.5 | 12.3 | 13.8 |
| Typhoid and para- typhoid fevers | — | 0.00 | 0.00 | 0.00 | 0.00 |
| Smallpox | — | — | — | — | — |
| Measles | 0.022 | 0.02 | 0.02 | 0.02 | 0.01 |
| Scarlet fever | 0.002 | 0.00 | 0.00 | 0.00 | 0.00 |
| Whooping cough | 0.010 | 0.02 | 0.02 | 0.01 | 0.02 |
| Diphtheria | 0.010 | 0.02 | 0.02 | 0.02 | 0.01 |
| Influenza | 0.053 | 0.08 | 0.07 | 0.07 | 0.07 |
| Notifications : | | | | | |
| Smallpox | — | 0.00 | 0.00 | — | 0.00 |
| Scarlet fever | 1.68 | 1.89 | 2.02 | 2.03 | 1.57 |
| Diphtheria | 0.19 | 0.46 | 0.52 | 0.56 | 0.31 |
| Enteric fever | 0.00 | 0.02 | 0.01 | 0.02 | 0.00 |
| Erysipelas | 0.36 | 0.25 | 0.28 | 0.24 | 0.31 |
| Pneumonia | 1.12 | 0.87 | 1.03 | 0.72 | 0.78 |
| Measles | 9.00 | 11.67 | 10.89 | 11.19 | 9.03 |
| Whooping cough | 1.20 | 1.64 | 1.65 | 1.47 | 1.25 |
| Cerebro-spinal meningitis | 0.03 | 0.05 | 0.05 | 0.05 | 0.06 |
| Rates per 1,000 live births. | | | | | |
| Deaths under 1 year of age | 35 | 46 (B) | 54 | 43 | 53 |
| Deaths from diarrhoea and enteritis under 2 years of age | 3.1 | 5.6 | 7.8 | 4.5 | 7.6 |
| MATERNAL MORTALITY : | | | | | |
| Puerperal sepsis | 0.43 | Not available | | | |
| Others | 0.85 | | | | |
| Total | 1.28 | | | | |
| Rate per 1,000 total births (i.e., live and still). | | | | | |
| MATERNAL MORTALITY : | | | | | |
| Puerperal sepsis | 0.42 | 0.49 | | | |
| Others | 0.83 | 1.30 | | | |
| Total | 1.25 | 1.79 | | | |
| NOTIFICATIONS : | | | | | |
| Puerperal fever | 15.69 | 9.93 | 12.65 | 8.81 | { 3.60 15.87 (C) |
| Puerperal pyrexia | | | | | |

(A) = Rates per 1,000 TOTAL population;

(B) = Per 1,000 related births.

(C) = Including puerperal fever;

Table 3.

*Compiled from figures supplied by Registrar General.***Total deaths by cause and age during the calendar year 1945.—Bristol.**

| CAUSES OF DEATH | Sex | All Ages | 0—1 | 1—5 | 5—15 | 15—45 | 45—65 | 65+ |
|---|-----|----------|-----|-----|------|-------|-------|-------|
| ALL CAUSES | M. | 2,387 | 132 | 25 | 26 | 211 | 671 | 1,322 |
| | F. | 2,418 | 113 | 26 | 19 | 221 | 524 | 1,515 |
| 1. Typhoid & paratyphoid fevers | M. | — | — | — | — | — | — | — |
| | F. | — | — | — | — | — | — | — |
| 2. Cerebro-spinal fever ... | M. | 2 | 1 | 1 | — | — | — | — |
| | F. | — | — | — | — | — | — | — |
| 3. Scarlet fever | M. | — | — | — | — | — | — | — |
| | F. | 1 | — | — | — | — | — | 1 |
| 4. Whooping cough | M. | 1 | — | 1 | — | — | — | — |
| | F. | 3 | — | 2 | 1 | — | — | — |
| 5. Diphtheria | M. | 1 | — | — | 1 | — | — | — |
| | F. | 3 | — | 1 | 2 | — | — | — |
| 6. Tuberculosis of respiratory system | M. | 149 | — | 1 | — | 72 | 66 | 10 |
| | F. | 103 | — | 1 | 3 | 70 | 20 | 9 |
| 7. Other forms of Tuberculosis | M. | 26 | 1 | 4 | 6 | 11 | 3 | 1 |
| | F. | 28 | 3 | 5 | 5 | 9 | 4 | 2 |
| 8. Syphilitic disease | M. | 25 | 1 | — | 1 | 1 | 10 | 12 |
| | F. | 10 | — | — | — | 1 | 5 | 4 |
| 9. Influenza | M. | 11 | 1 | — | — | — | 6 | 4 |
| | F. | 11 | 1 | — | 1 | — | 3 | 6 |
| 10. Measles | M. | 3 | 2 | — | 1 | — | — | — |
| | F. | 6 | 3 | 3 | — | — | — | — |
| 11. Acute poliomyelitis & polio-encephalitis | M. | — | — | — | — | — | — | — |
| | F. | — | — | — | — | — | — | — |
| 12. Acute infectious encephalitis | M. | 3 | — | — | — | 3 | — | — |
| | F. | 4 | — | — | — | 1 | 2 | 1 |
| 13. Cancer of buccal cavity and oesophagus | M. | 41 | — | — | — | 1 | 7 | 33 |
| | F. | 36 | — | — | — | 5 | 20 | 11 |
| 13. Cancer of uterus | M. | 87 | — | — | — | 3 | 35 | 49 |
| 14. Cancer of stomach and duodenum | F. | 64 | — | — | — | 2 | 24 | 38 |
| 15. Cancer of breast | M. | — | — | — | — | — | — | — |
| | F. | 88 | — | — | — | 11 | 45 | 32 |
| 16. Cancer of all other sites ... | M. | 256 | — | — | 1 | 20 | 95 | 140 |
| | F. | 211 | — | 1 | — | 14 | 78 | 118 |
| 17. Diabetes | M. | 12 | — | — | — | 1 | — | 11 |
| | F. | 30 | — | — | — | 1 | 5 | 24 |
| 18. Intra-cranial vascular lesions | M. | 248 | — | — | — | 5 | 64 | 179 |
| | F. | 323 | — | — | — | 2 | 59 | 262 |
| 19. Heart disease | M. | 634 | — | 1 | 1 | 16 | 143 | 473 |
| | F. | 708 | — | — | — | 22 | 112 | 574 |
| 20. Other diseases of circulatory system | M. | 53 | — | — | — | 2 | 12 | 39 |
| | F. | 52 | — | — | — | 3 | 10 | 39 |
| 21. Bronchitis | M. | 156 | 3 | 4 | — | 3 | 41 | 105 |
| | F. | 116 | 1 | 1 | — | 5 | 16 | 93 |
| 22. Pneumonia | M. | 111 | 23 | 4 | 1 | 5 | 33 | 45 |
| | F. | 115 | 21 | 7 | 2 | 6 | 19 | 60 |
| 23. Other respiratory diseases ... | M. | 33 | — | 1 | — | 5 | 13 | 14 |
| | F. | 27 | 1 | — | — | 2 | 6 | 18 |
| 24. Ulceration of stomach and duodenum | M. | 39 | — | — | — | 8 | 20 | 11 |
| | F. | 14 | — | — | — | 2 | 4 | 8 |
| 25. Diarrhœa (under 2 years of age) | M. | 15 | 15 | — | — | — | — | — |
| | F. | 7 | 7 | — | — | — | — | — |
| 26. Appendicitis | M. | 10 | — | — | — | 4 | 3 | 3 |
| | F. | 7 | — | — | 1 | 2 | 1 | 3 |
| 27. Other digestive diseases ... | M. | 47 | 1 | — | — | 3 | 13 | 30 |
| | F. | 55 | 3 | — | — | 14 | 9 | 29 |
| 28. Nephritis | M. | 65 | — | — | — | 5 | 24 | 36 |
| | F. | 66 | — | — | — | 10 | 18 | 38 |
| 29. Puerperal and post-abortion sepsis | F. | 3 | — | — | — | 3 | — | — |
| | F. | 6 | — | — | — | 6 | — | — |
| 30. Other maternal causes ... | M. | 30 | 30 | — | — | — | — | — |
| 31. Premature birth | F. | 33 | 33 | — | — | — | — | — |
| | F. | 33 | 33 | — | — | — | — | — |
| 32. Congenital malformations, birth injury, infantile disease | M. | 51 | 45 | 1 | 1 | 2 | 1 | 1 |
| | F. | 38 | 33 | 3 | 1 | — | 1 | — |
| 33. Suicide | M. | 22 | — | — | — | 3 | 14 | 5 |
| | F. | 26 | — | — | — | 8 | 15 | 3 |
| 34. Road traffic accidents ... | M. | 30 | — | 2 | 6 | 11 | 7 | 4 |
| | F. | 12 | — | — | — | 3 | 3 | 6 |
| 35. Other violent causes ... | M. | 36 | — | 2 | 3 | 8 | 10 | 13 |
| | F. | 62 | 1 | 2 | 2 | 6 | 10 | 41 |
| 36. All other causes | M. | 190 | 9 | 3 | 4 | 19 | 51 | 104 |
| | F. | 150 | 6 | — | 1 | 13 | 35 | 95 |

Table 4.

*Compiled from figures supplied by Registrar General.***Principal causes of death during calendar year 1945.—Bristol.**

| Death Rate per 1,000 | DISEASE | Net deaths in 1945 | % to total deaths |
|-------------------------------|---|-----------------------------|-------------------------|
| — | Typhoid and paratyphoid fevers | — | — |
| 0.005 | Cerebro-spinal fever | 2 | .04 |
| 0.002 | Scarlet fever | 1 | .02 |
| 0.010 | Whooping cough | 4 | .08 |
| 0.010 | Diphtheria | 4 | .08 |
| 0.608 | Tuberculosis of respiratory system | 252 | 5.25 |
| 0.130 | Other forms of tuberculosis | 54 | 1.12 |
| 0.084 | Syphilitic disease | 35 | .73 |
| 0.053 | Influenza | 22 | .46 |
| 0.022 | Measles | 9 | .19 |
| — | Acute poliomyelitis and polio-encephalitis | — | — |
| 0.017 | Acute infectious encephalitis | 7 | .15 |
| 0.100 | Cancer of buccal cavity and oesophagus | 41 | .86 |
| 0.087 | Cancer of uterus | 36 | .75 |
| 0.364 | Cancer of stomach and duodenum | 151 | 3.14 |
| 0.212 | Cancer of breast | 88 | 1.83 |
| 1.127 | Cancer of all other sites | 467 | 9.72 |
| 0.101 | Diabetes | 42 | .87 |
| 1.378 | Intra cranial vascular lesions | 571 | 11.88 |
| 3.240 | Heart disease | 1,342 | 27.93 |
| 0.253 | Other diseases of circulatory system | 105 | 2.19 |
| 0.656 | Bronchitis | 272 | 5.66 |
| 0.545 | Pneumonia | 226 | 4.70 |
| 0.145 | Other respiratory diseases | 60 | 1.25 |
| 0.128 | Ulceration of stomach and duodenum | 53 | 1.10 |
| 0.053 | Diarrhoea | 22 | .46 |
| 0.041 | Appendicitis | 17 | .36 |
| 0.246 | Other digestive diseases | 102 | 2.12 |
| 0.316 | Nephritis | 131 | 2.73 |
| 0.007 | Puerperal and post-abortion sepsis | 3 | .06 |
| 0.014 | Other maternal causes | 6 | .12 |
| 0.152 | Premature birth | 63 | 1.31 |
| — | Congenital malformations, birth injury, in- fantile disease | 89 | 1.85 |
| 0.215 | Suicide | 48 | 1.00 |
| 0.101 | Road traffic accidents | 42 | .87 |
| 0.237 | Other violent causes | 98 | 2.04 |
| 0.821 | All other causes | 340 | 7.08 |
| 11.60 | ALL CAUSES | 4,805 | |

Table 5.

**POPULATION, BIRTH-RATES, DEATH-RATES, MATERNAL MORTALITY, ETC., IN 14 LARGE TOWNS
for the year 1945.**

| Name of Town | Population as esti- mated by Registrar- General Mid. 1944 | Per 1,000 Population | | Death Rates per 1,000 population from :— | | | | | | | | | | Infantile Mortality Rate | Maternal Mortality per 1,000 total births. | | |
|----------------|--|-------------------------|---------------|--|------------------|-------------------|------------|-----------------------------------|---------------------------|-----------|--------|----------------|----------------|--------------------------------|--|-------------------------|-------|
| | | Birth Rate | Death Rate | Measles | Scarlet Fever | Whooping Cough | Diphtheria | Typhoid & Paratyphoid Fever | Diarrhoea under 2 yrs. | Influenza | Cancer | Tuberculosis | | | From Sepsis | From Other Causes | Total |
| | | | | | | | | | | | | Pulmon- ary | Other forms | | | | |
| BIRMINGHAM | 1,001,900 | 20.2 | 11.2 | 0.03 | 0.00 | 0.03 | 0.02 | — | 0.16 | 0.06 | 1.84 | 0.68 | 0.08 | 49 | 0.49 | 0.92 | 1.41 |
| BRISTOL | 414,320 | 16.96 | 11.60 | 0.02 | 0.002 | 0.009 | 0.009 | — | 0.05 | 0.05 | 1.89 | 0.61 | 0.13 | 35 | 0.42 | 0.83 | 1.25 |
| CARDIFF | 217,410 | 18.71 | 13.01 | 0.03 | — | 0.01 | 0.01 | — | 6.88* | 0.07 | 1.78 | 0.82 | 0.09 | 55 | 0.71 | 2.37 | 3.08 |
| COVENTRY | 221,970 | 22.20 | 10.5 | 0.01 | — | 0.05 | 0.02 | — | 0.27 | 0.05 | 1.52 | 0.79 | 0.04 | 68 | 0.4 | 0.8 | 1.2 |
| LEEDS | 451,670 | 17.2 | 14.2 | 0.05 | — | 0.02 | 0.00 | 0.00 | 11.34* | 0.05 | 2.15 | 0.63 | 0.07 | 56 | 0.50 | 1.25 | 1.75 |
| LEICESTER | 256,960 | 19.2 | 12.2 | 0.02 | — | 0.008 | 0.004 | — | 0.18 | 0.078 | 1.93 | 0.58 | 0.12 | 54 | 0.2 | 0.79 | 0.99 |
| LIVERPOOL | 681,120 | 21.7 | 14.0 | 0.02 | 0.00 | 0.05 | 0.04 | 0.00 | 0.21 | 0.10 | 1.80 | 0.88 | 0.14 | 72 | 0.46 | 1.05 | 1.51 |
| MANCHESTER | 623,480 | 18.2 | 14.4 | 0.01 | — | 0.04 | 0.02 | 0.00 | 0.14 | 0.07 | 2.08 | 0.80 | 0.13 | 55.8 | 0.25 | 0.77 | 1.02 |
| NEWCASTLE | 265,990 | 18.2 | 13.0 | 0.008 | — | 0.015 | 0.053 | — | 0.06 | 0.023 | 1.90 | 0.83 | 0.20 | 39.7 | 1.40 | 1.00 | 2.40 |
| NOTTINGHAM | 265,090 | 19.8 | 12.9 | 0.02 | 0.007 | 0.01 | 0.03 | — | 0.13 | 0.03 | 1.92 | 0.67 | 0.10 | 53 | 0.57 | 0.76 | 1.33 |
| PORTSMOUTH | 179,240 | 23.40 | 13.80 | 0.03 | 0.07 | 0.02 | 0.01 | — | 0.10 | 0.05 | 2.33 | 0.65 | 0.17 | 42.7 | 0.23 | 0.46 | 0.69 |
| SHEFFIELD | 476,360 | 18.1 | 12.5 | 0.01 | — | 0.01 | 0.02 | — | 5.10 | 0.06 | 1.83 | 0.56 | 0.11 | 46 | 0.34 | 1.01 | 1.35 |
| STOKE-ON-TRENT | 251,410 | 19.8 | 11.9 | 0.04 | 0.00 | 0.04 | 0.008 | 0.004 | 0.119 | 0.105 | 1.81 | 0.60 | 0.10 | 50 | 0.98 | 0.98 | 1.96 |
| SUNDERLAND | 165,310 | 19.96 | 12.86 | 0.04 | 0.006 | 0.00 | 0.03 | 0.00 | 0.24 | 0.05 | 1.69 | 0.72 | 0.16 | 55 | 0.29 | 1.18 | 1.47 |

* Rate per 1,000 births.

Table 6.
Notifiable Diseases during 1945 (including Port cases). Local Figures.

| NOTIFIABLE DISEASES. | NOTIFICATIONS. | | | | | | | REMOVED TO HOSPITAL | | DEATHS (Corrected for transfers.) | | | | | | | | Notified in each quarter. | | | | Attack rate per 1,000 Population | | |
|-----------------------------|----------------|-----------------|--------|---------|----------|----------|----------|---------------------|-------|-----------------------------------|-----------------|---------|--------|--------|---------|----------|----------|---------------------------|-----|-----|-----|----------------------------------|----------|----------------|
| | At all ages | At ages—years : | | | | | | No. | % | All ages | At ages—years : | | | | | | | 1st | 2nd | 3rd | 4th | | | |
| | | Under 1 | 1 to 5 | 5 to 15 | 15 to 25 | 25 to 45 | 45 to 65 | | | | 65 and upwards | Under 1 | 1 to 2 | 2 to 5 | 5 to 15 | 15 to 25 | 25 to 45 | | | | | | 45 to 65 | 65 and upwards |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Diphtheria ... | 79 | — | 11 | 46 | 16 | 5 | 1 | 78 | 98.7 | 4 | — | — | 1 | 3 | — | — | — | 14 | 22 | 18 | 25 | 0.19 | | |
| Erysipelas ... | 151 | 1 | 4 | 8 | 10 | 39 | 59 | 51 | 33.8 | — | — | — | — | — | — | — | — | 42 | 41 | 27 | 41 | 0.36 | | |
| Scarlet fever ... | 697 | — | 171 | 459 | 43 | 17 | 6 | 549 | 78.8 | 1 | — | — | — | — | — | — | — | 156 | 164 | 153 | 224 | 1.68 | | |
| Enteric fever ... | 4 | — | — | 1 | 1 | 2 | — | 4 | 100.0 | — | — | — | — | — | — | — | — | — | 2 | 1 | 1 | 1 | 0.00 | |
| Para-typoid ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Cerebro-spinal meningitis | 13 | 3 | 3 | 2 | 3 | 1 | 1 | 13 | 100.0 | 3 | 1 | 1 | — | 1 | — | — | — | 4 | 6 | — | 3 | 0.03 | | |
| Poliomyelitis ... | 5 | — | 2 | 2 | — | 1 | — | 1 | 20.0 | — | — | — | — | — | — | — | — | — | — | 1 | 4 | 0.01 | | |
| Pneumonia ... | 463 | 35 | 60 | 61 | 29 | 101 | 94 | 218 | 47.1 | 241 | 45 | 9 | 2 | 4 | 1 | 11 | 56 | 214 | 76 | 52 | 121 | 1.12 | | |
| Malaria ... | 4 | — | — | — | 2 | 2 | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 1 | 2 | 0.01 | | |
| Dysentery ... | 386 | 11 | 130 | 103 | 50 | 57 | 24 | 67 | 17.4 | — | — | — | — | — | — | — | — | 133 | 163 | 37 | 53 | 0.93 | | |
| Encephalitis lethargica ... | 1 | — | — | — | — | — | — | — | — | 9 | — | — | — | — | 2 | 2 | 3 | 1 | — | — | — | 0.00 | | |
| Polio-encephalitis | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | | |
| Puerperal pyrexia ... | 113 | — | — | 1 | 44 | 67 | 1 | 9 | 8.0 | 3 | — | — | — | — | 3 | — | — | 20 | 23 | 37 | 33 | 0.27 | | |
| Ophthalmia neonatorum | 6 | 6 | — | — | — | — | — | 1 | 16.7 | — | — | — | — | — | — | — | — | 3 | 1 | 1 | 1 | 0.01 | | |
| Measles ... | 3,724 | 214 | 2,186 | 1,228 | 54 | 38 | 3 | 272 | 7.3 | 8 | 5 | 2 | 1 | — | — | — | — | 2,912 | 722 | 67 | 23 | 9.00 | | |
| Whooping cough ... | 497 | 63 | 310 | 118 | 1 | 5 | — | 54 | 10.9 | 5 | 1 | 2 | 1 | 1 | — | — | — | 246 | 52 | 57 | 142 | 1.20 | | |

Table 7.

Tuberculosis (including Port cases). Local Figures.

| CASES. | | | | | | | | | | | | | | | | | DEATHS. (Corrected for transfers.) | | | | | | | | | | | | | |
|--|-------------|---------|-----|----|-----|-----|-----|-----|-----|-----|-----|-----|----------|-----|-----|-----|------------------------------------|-------------|---------|----|-----|-----|-----|-----|-----|--------|-----|-----|------------|------|
| | At all ages | Under 1 | 1- | 5- | 10- | 15- | 20- | 25- | 35- | 45- | 55- | 65+ | Quarters | | | | Case rate per 1,000 Popu'tn | At all ages | Under 1 | 1- | 5- | 10- | 15- | 20- | 25- | 35-45- | 55- | 65+ | Death rate | |
| | | | | | | | | | | | | | 1st | 2nd | 3rd | 4th | | | | | | | | | | | | | | |
| Pulmonary tuberculosis Cases notified | 483 | 2 | 11 | 20 | 15 | 74 | 81 | 117 | 62 | 43 | 43 | 15 | 134 | 133 | 107 | 109 | 1.33 | 245 | ... | 1 | ... | 2 | 8 | 29 | 49 | 51 | 36 | 51 | 18 | 0.59 |
| Other cases* | 68 | 1 | ... | 1 | ... | 3 | 11 | 12 | 12 | 7 | 12 | 9 | 17 | 19 | 15 | 17 | | | | | | | | | | | | | | |
| Non-pulmonary tuberculosis Cases notified | 48 | ... | 10 | 16 | 9 | 3 | 3 | 4 | ... | 3 | ... | ... | 14 | 11 | 10 | 13 | 0.20 | 52 | 4 | 10 | 3 | 8 | 7 | 3 | 4 | 4 | 5 | 3 | 1 | 0.13 |
| Other cases* | 33 | 1 | 8 | 4 | 4 | 5 | 1 | 3 | 1 | 2 | 3 | 1 | 8 | 5 | 6 | 14 | | 297 | 4 | 11 | 3 | 10 | 15 | 32 | 53 | 55 | 41 | 54 | 19 | 0.72 |
| Total 1945 | 632 | 4 | 29 | 41 | 28 | 85 | 96 | 136 | 75 | 55 | 58 | 25 | 173 | 168 | 138 | 153 | 1.53 | 256 | 3 | 8 | 4 | 1 | 15 | 32 | 53 | 49 | 34 | 37 | 20 | 0.63 |
| Total 1944 | 648 | 3 | 19 | 27 | 35 | 97 | 103 | 119 | 108 | 71 | 42 | 24 | 165 | 177 | 167 | 139 | 1.60 | 305 | 10 | 14 | 7 | 3 | 22 | 29 | 66 | 49 | 48 | 42 | 15 | 0.82 |
| 1943 | 717 | 10 | 16 | 29 | 31 | 90 | 122 | 161 | 96 | 87 | 53 | 22 | 202 | 169 | 160 | 186 | 1.98 | 264 | 6 | 11 | 3 | 6 | 2 | 21 | 30 | 42 | 53 | 47 | 43 | 0.70 |
| 1942 | 587 | 4 | 12 | 10 | 30 | 29 | 59 | 113 | 103 | 94 | 78 | 55 | 153 | 152 | 128 | 154 | 1.62 | 310 | 5 | 11 | 7 | 4 | 29 | 32 | 65 | 60 | 43 | 35 | 19 | 0.86 |
| 1941 | 588 | 7 | 33 | 30 | 21 | 89 | 80 | 113 | 91 | 71 | 37 | 16 | 144 | 167 | 121 | 156 | 1.63 | 273 | 2 | 16 | 4 | 3 | 24 | 36 | 44 | 47 | 52 | 36 | 9 | 0.66 |
| 1940 | 564 | 5 | 40 | 44 | 20 | 81 | 65 | 113 | 85 | 57 | 35 | 19 | 157 | 179 | 120 | 108 | 1.37 | 313 | 3 | 8 | 4 | 8 | 21 | 25 | 57 | 72 | 54 | 41 | 20 | 0.75 |
| 1939 | 567 | 4 | 33 | 43 | 33 | 68 | 75 | 105 | 77 | 66 | 43 | 20 | 154 | 155 | 134 | 124 | 1.35 | 270 | 1 | 7 | 4 | 2 | 27 | 32 | 65 | 50 | 49 | 22 | 11 | 0.64 |
| 1938 | 666 | 4 | 31 | 68 | 42 | 80 | 88 | 131 | 95 | 69 | 41 | 17 | 210 | 170 | 133 | 153 | 1.59 | | | | | | | | | | | | | |

* Cases coming to the knowledge of the M.O.H. otherwise than by notification.

Table 8.

1945.

INFANT MORTALITY. (Corrected for transfers) Local Figures.

| Total 1944 | CAUSE OF DEATH | Under one day | Under one week | Weeks | | | Total under one month | Months | | | | | | | | | | | Total | Deaths in Quarters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | 1-2 | 2-3 | 3-4 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | 1st | 2nd | 3rd | 4th | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | |

Table 9.

MATERNAL MORTALITY. Uncorrected Local Figures.

| Cause of Death | 1945 — AGE GROUPS | | | | | | | | | |
|--|-------------------|------|------|------|------|------|------|------|------|------|
| | 1945 | 1944 | 1943 | 1942 | 1941 | 1940 | 1939 | 1938 | 1937 | 1936 |
| Puerperal Sepsis ... | 1 | 4 | 1 | 3 | 1 | 4 | 4 | 3 | 4 | 7 |
| Septic Abortion ... | 4 | — | 1 | — | — | 1 | 2 | — | 4 | — |
| Abortion (non-septic) ^a ... | 1 | — | 1 | — | 1 | — | — | 3 | 4 | — |
| Ruptured Ectopic Gestation ... | — | 1 | — | — | — | — | — | 1 | 1 | 1 |
| Hydatidiform mole ... | — | 3 | — | — | — | 4 | 4 | 4 | 4 | — |
| Puerperal Toxæmia ... | 2 | 1 | 5 | 1 | 1 | 3 | 5 | 2 | 4 | 1 |
| Eclampsia ... | 1 | 1 | 1 | — | — | — | 1 | 1 | — | — |
| Dystocia ... | 1 | 2 | 2 | 1 | — | 2 | — | 1 | — | — |
| Retained Placenta ... | — | — | 1 | — | — | — | — | 2 | 1 | — |
| Placenta Prævia ... | 2 | 1 | 1 | 2 | — | 1 | 6 | 2 | 2 | 2 |
| Post-Partum hæmorrhage ... | 1 | 1 | 4 | 1 | 1 | 2 | — | 3 | 1 | 3 |
| Embolism ... | — | — | — | 1 | 1 | 1 | — | — | — | — |
| Ruptured uterus ... | 1 | — | 2 | 1 | 1 | 4 | — | 3 | 2 | 5 |
| Obstetric shock ... | — | — | 2 | 2 | — | — | — | — | — | — |
| Acute yellow atrophy ... | — | — | — | 1 | — | — | — | — | — | — |
| Chorea ... | — | — | — | — | — | — | — | — | — | — |
| Intestinal obstruction ... | — | — | — | — | — | — | — | — | — | — |
| Uræmia ... | — | — | — | — | — | — | — | — | — | — |
| Pulmonary Oedema ... | 1 | — | — | — | — | — | 1 | — | — | — |
| Total ... | 17 | 15 | 20 | 13 | 5 | 23 | 23 | 23 | 24 | 19 |
| Rate per 1,000 total births ... | 2.09 | 1.74 | 2.65 | 1.95 | 1.33 | 2.83 | 2.93 | 3.65 | 3.85 | 3.10 |
| Deaths in institutions ... | 17 | 13 | 19 | 12 | 5 | 18 | 17 | 17 | 17 | 15 |
| Age Groups— | | | | | | | | | | |
| 15—20 | — | — | 1 | — | — | 1 | — | — | 1 | — |
| 20—25 | 2 | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 4 | 3 |
| 25—30 | 1 | 3 | 3 | 4 | — | 10 | 4 | 6 | 7 | 4 |
| 30—35 | 8 | 6 | 3 | 1 | 2 | 4 | 9 | 4 | 5 | 4 |
| 35—40 | 4 | 1 | 3 | 3 | 1 | 4 | 4 | 8 | 5 | 4 |
| 40+ | 2 | 1 | 2 | 1 | — | — | 2 | 1 | 2 | 4 |

B.—DEPARTMENT OF PREVENTIVE MEDICINE.

Table 1—Pathological and Bacteriological Examinations.

| 1944 | | 1945 | |
|--------|---------------------------------------|-------|--------------------|
| | | | Southmead Hospital |
| | <i>Swabs.</i> | | |
| | <i>Throat and Nose.</i> | | |
| 10,252 | K.L.B. Culture | 7,296 | — |
| 27 | “ Virulence | 17 | — |
| 2,537 | Hæmolytic Streptococci | 2,303 | — |
| 6 | Typing | — | — |
| 374 | Other organisms | 834 | 88 |
| | <i>Other Sources.</i> | | |
| 24 | Laryngeal for T.B. | 19 | 3 |
| | <i>Sputa.</i> | | |
| 7 | Malignant Cells | 11 | 4 |
| 3,023 | Tuberculosis | 3,884 | 745 |
| — | Pneumococcal Typing | — | — |
| 399 | Other organisms | 377 | 361 |
| — | Elastic Fibres | — | — |
| — | Vaccine | — | — |
| | <i>Blood.</i> | | |
| 14 | Special Hæmatology Investigations ... | 40 | — |
| 1,386 | Blood counts | 1,450 | 851 |
| 807 | Differential counts | 788 | 657 |
| 1,313 | Hæmoglobin counts | 2,048 | 1,893 |
| 246 | Reticulocyte counts | 135 | 118 |
| 10 | Platelet counts | 13 | 11 |
| 479 | Sedimentation rate | 704 | 703 |
| 13 | Bleeding time | 14 | 11 |
| 13 | Coagulation time | 14 | 12 |
| 62 | Bilirubin investigations | 59 | — |
| 27 | Sugar tolerance | 18 | — |
| — | Sulphonilamides | — | — |
| 2 | Penicillin | — | — |
| 958 | Urea | 843 | 750 |
| 112 | Sugar | 130 | 119 |
| 76 | Agglutination | 167 | — |
| 2 | Uric acid | 2 | — |
| 119 | Films for malaria | 54 | 26 |
| 26 | Paul Bunnell | 14 | 1 |
| 4 | Grouping | — | — |
| 15 | Proteins | 39 | 27 |
| 13 | Fragility | 13 | 6 |
| 6 | Chlorides | 6 | 6 |
| — | Ascorbic Acid | — | — |
| 28 | Phosphatase | 18 | 20 |
| 3 | Calcium | 1 | 1 |
| 4 | Cholesterol | 17 | 30 |
| 39 | Blood Culture (Enteric) | 6 | 34 |
| — | “ “ (Other organisms) ... } | 57 | 7 |
| — | Van den Bergh | — | 40 |
| — | Miscellaneous | — | 37 |
| | <i>Stomach Contents.</i> | | |
| 1,727 | Test Meals | 1,787 | 1,822 |
| 6 | Washings for Tubercle | 4 | — |
| — | Vomits | 10 | 6 |
| | <i>Fæces.</i> | | |
| 290 | Enteric | 578 | 6 |
| 105 | Food poisoning | 34 | — |
| 2,289 | Dysentery | 4,045 | 29 |
| 28 | Tuberculosis | 38 | 12 |
| 282 | Other organisms | 270 | 221 |
| 9 | Amoebic dysentery | 58 | 47 |
| 259 | Occult blood | 166 | 159 |
| 28 | Fat | 30 | 9 |
| 5 | Bile Pigments | 11 | 11 |
| 12 | Parasites | 20 | 4 |

Pathological and Bacteriological Examinations—*continued.*

| 1944 | | 1945 | |
|-------|--|-------|--------------------|
| | | | Southmead Hospital |
| | <i>Urine.</i> | | |
| 2,341 | Routine | 2,782 | 2,581 |
| 1,773 | Culture | 2,197 | 2,030 |
| 33 | Enteric | 63 | 1 |
| 124 | Friedman | 186 | 103 |
| 173 | Urea concentration | 56 | 52 |
| 31 | T.B. | 57 | — |
| 7 | Inoculation for T.B. | 13 | 26 |
| — | Amoebic Dysentery | — | — |
| — | Ascorbic Acid | 2 | 5 |
| 2 | Hippuric Acid | — | — |
| — | Chlorides | 5 | — |
| — | Water Clearance | 19 | 16 |
| 10 | Acetone | 19 | — |
| 18 | Sugar | 55 | 5 |
| 10 | Urobilin | 7 | 5 |
| 41 | Bile Pigments | 20 | 22 |
| 1 | Calcium | — | — |
| 1 | Sulphonamides | 1 | — |
| 4 | Penicillin | 80 | 35 |
| — | Bilirubin | — | — |
| — | Miscellaneous | — | 7 |
| | <i>Pus.</i> | | |
| — | Organisms | — | 238 |
| 55 | Penicillin | 114 | 83 |
| 173 | Organisms (aerobic) | 361 | 12 |
| 25 | Organisms (anaerobic) | 25 | 10 |
| — | T.B. | — | 4 |
| | <i>Fluids (for cells, biochemistry and organisms).</i> | | |
| 278 | Cerebro spinal fluids | 212 | 103 |
| 189 | Pleural fluids | 166 | 66 |
| — | Seminal fluids | 66 | — |
| 20 | Other fluids | 75 | 56 |
| — | Fluids for penicillin | 21 | 5 |
| | <i>Histology.</i> | | |
| 292 | Human tissues | 316 | 255 |
| 9 | Animal tissues | 10 | — |
| 137 | <i>Post Mortems</i> | 125 | 125 |
| | <i>Waters.</i> | | |
| 109 | Bacterial counts | 235 | — |
| 35 | Differential counts | — | — |
| — | Organisms | — | — |
| | <i>Rats.</i> | | |
| 1,938 | Plague | 1,597 | — |
| — | Other organisms | — | — |
| — | <i>Mice</i> | — | — |
| | <i>Milks.</i> | | |
| 1,139 | Tuberculosis | 1,238 | 2 |
| — | Hæmolytic streptococci | — | — |
| 2 | Dysentery | — | — |
| — | Enteric | 1 | — |
| 15 | Other organisms | 42 | — |
| 334 | Accredited and Tuberculin tested | 315 | — |
| 421 | Pasteurised bact. | 458 | — |
| 219 | Pasteurised chemical | 239 | — |
| 281 | Phosphatase | 407 | — |
| 112 | Pasteurising plants | 59 | — |
| — | Ice cream | 43 | — |
| 67 | Churn rinses | 28 | — |
| 52 | Milk bottle rinses | 102 | — |
| — | Milk straws | — | — |
| — | Heat treated—pasteurised | 238 | — |

Pathological and Bacteriological Examinations—continued.

| 1944 | | 1945 | |
|--------|---|--------|--------------------|
| | | | Southmead Hospital |
| | <i>Venereal Disease.</i> | | |
| 6,709 | Blood for Wassermann reaction | 11,326 | 550 |
| 6,515 | Blood for Kahn | 10,726 | 531 |
| 3,738 | Complement Fixation Tests for Gonorrhœa | 730 | — |
| 114 | C.S. Fluid for Wassermann reaction | 160 | 17 |
| 41 | C.S. Fluid for Cells | 103 | — |
| 43 | C.S. Fluid for Chemical | 125 | — |
| 52 | C.S. Fluid for Lange | 107 | 12 |
| 14,248 | Films for Gonococci | 13,290 | 139 |
| 2 | Urine for Gonococci | 1 | — |
| 1,939 | Cultures for Gonococci | 7,822 | 324 |
| 107 | Fluid for spirochaetes | 12 | — |
| — | Special complement deviation tests | — | 68 |
| — | Corvical smears | — | 2 |
| | <i>Preparations.</i> | | |
| 4 | Tuberculin | 4 | — |
| 30 | Measles Serum | 68 | — |
| — | Penicillin | 837 | — |
| 4 | Vaccine (Gonococcal) | — | — |
| 12 | „ (Others) | 1 | — |
| | <i>Foodstuffs.</i> | | |
| 12 | Sterility | 21 | — |
| 24 | Organisms | 24 | — |
| 1 | Histology | — | — |
| 5 | <i>Whooping Cough Plates</i> | 7 | — |
| | <i>Immunisations.</i> | | |
| 11 | Typhoid | 3 | — |
| 6 | Typhus | 6 | — |
| 4 | Tetanus | 2 | — |
| 2 | Diphtheria | — | — |
| — | Others | — | — |
| | <i>Distributions.</i> | | |
| 63 | Diphtheria Prophylactic | 86 | — |
| 5 | Typhoid vaccines | — | — |
| — | Other vaccines | 1 | — |
| 8 | Tetanus | — | — |
| 14 | Gas Gangrene | 1 | — |
| — | Penicillin | 30 | — |
| | <i>Miscellaneous.</i> | | |
| 12 | Scrapings for fungi | 48 | 16 |
| 14 | Hair and scales for ringworm | | 1 |
| 2 | Tape worm | | 1 |
| 1 | Rope | | — |
| 1 | Tooth | | — |
| — | Sundries | | 2 |

C.—CLINICS.

Table 1—Maternity and Child Welfare.

| 1944 | | 1945 |
|--------|--|--------|
| | (a) <i>Notifications—</i> | |
| 8,403 | Live Births (including 445 premature births) ... | 7,943 |
| 270 | Still Births ... | 222 |
| 63 | Confinements at Home—by Doctor ... | 67 |
| 2,270 | by Midwife ... | 1,859 |
| — | Premature Births admitted to Hospital (included above) ... | 7 |
| 6,351 | Confinements at Institutions ... | 6,202 |
| | (b) <i>Forms of Maternity Assistance Granted—</i> | |
| 2,116 | Midwives' Fees ... | 1,716 |
| — | Consulting Obstetricians ... | — |
| 209 | Dentures ... | 168 |
| 6 | Spectacles ... | 53 |
| 401 | (c) <i>Fees claimed by Medical Practitioners ...</i> | 350 |
| | (d) (i) <i>Municipal Midwives—</i> | |
| 1,581 | Cases completed as (a) Midwife ... | 1,258 |
| 321 | (b) Maternity Nurse ... | 232 |
| 21,848 | Nursing Visits ... | 18,519 |
| 9,905 | Other Visits ... | 16,538 |
| | Attendances at Ante-natal Clinics ... | 1,689 |
| | (ii) <i>Pupil Midwives—</i> | |
| | Cases completed as Midwife ... | 885 |
| | Nursing Visits ... | 13,690 |
| | Other Visits ... | 7,328 |
| | Attendances at Ante-natal Clinics ... | 1,140 |
| | (iii) <i>Medical Students—District Midwifery—</i> | |
| | Cases attended ... | 289 |
| | (e) <i>Attendances at Clinics—</i> | |
| | (i) <i>Municipal Ante-natal (Medical Officers Sessions).</i> | |
| 2,709 | Verrier Road ... | 2,497 |
| 3,127 | Bedminster ... | 2,712 |
| 1,456 | Brislington ... | 1,539 |
| 2,037 | Knowle West ... | 2,112 |
| 3,686 | North Bristol ... | 3,636 |
| 1,573 | Portway ... | 1,297 |
| 4,962 | Central ... | 3,484 |
| 3,001 | South Bristol ... | 3,170 |
| 4,565 | Southmead ... | 3,949 |
| 2,514 | Speedwell ... | 3,084 |
| — | Clifton ... | 959 |
| 29,630 | | 28,439 |
| 23.7 | Average per session ... | 24.6 |
| 4,351 | New Patients ... | 4,747 |
| 7,941 | (ii) <i>Municipal Ante-natal (Midwives Sessions) ...</i> | 7,222 |
| | (iii) <i>Post natal Clinics—</i> | |
| 980 | Central ... | 867 |
| 432 | Bedminster ... | 399 |
| 563 | Speedwell ... | 475 |
| 655 | Southmead ... | 551 |
| — | Portway ... | 113 |
| 373 | Knowle ... | 371 |
| — | Clifton ... | 109 |
| — | Bristol South ... | 513 |
| 3,003 | | 3,398 |
| 13.4 | Average per session ... | 10.8 |
| 1,339 | New Patients ... | 1,430 |

Maternity and Child Welfare—continued.

| 1944 | | 1945 |
|--------|--|--------|
| 5,815 | (iv) <i>Consultative Ante-natal Clinics</i> | 5,468 |
| | (v) <i>Municipal Infant Welfare Centres—</i> | |
| | Mothers— | |
| 6,064 | Central | 6,187 |
| 8,244 | Speedwell | 7,258 |
| 6,144 | Southmead | 6,243 |
| 3,992 | Portway | 3,302 |
| 7,828 | Knowle West | 6,335 |
| 3,654 | South Bristol | 4,524 |
| 3,369 | Bedminster | 3,523 |
| 1,464 | Barton Hill | 2,272 |
| 785 | Headley Park | 1,199 |
| 872 | Moorfields | 1,355 |
| — | Brislington | 170 |
| — | Clifton | 1,470 |
| — | North Bristol | 280 |
| — | Brynland Avenue | 1,037 |
| 42,416 | | 45,155 |
| 42.8 | Average attendance per session | 28.4 |
| | Children under 1 year— | |
| 6,004 | Central | 4,777 |
| 8,181 | Speedwell | 5,568 |
| 6,090 | Southmead | 4,756 |
| 3,927 | Portway | 2,127 |
| 7,723 | Knowle West | 4,391 |
| 3,693 | South Bristol | 3,987 |
| 3,324 | Bedminster | 2,658 |
| 1,396 | Barton Hill | 1,713 |
| 780 | Headley Park | 936 |
| 850 | Moorfields | 1,093 |
| — | Brislington | 120 |
| — | Clifton | 1,305 |
| — | North Bristol | 265 |
| — | Brynland Avenue | 1,036 |
| 41,968 | | 34,732 |
| 42.3 | Average attendance per session | 21.3 |
| | Children between 1 and 5 years— | |
| 1,238 | Central | 1,572 |
| 1,891 | Speedwell | 1,941 |
| 1,735 | Southmead | 1,816 |
| 1,812 | Portway | 1,571 |
| 2,093 | Knowle West | 2,581 |
| 540 | South Bristol | 774 |
| 713 | Bedminster | 924 |
| 437 | Barton Hill | 656 |
| 168 | Headley Park | 359 |
| 217 | Moorfields | 424 |
| — | Brislington | 275 |
| — | Clifton | 58 |
| — | North Bristol | 28 |
| — | Brynland Avenue | 161 |
| 10,844 | | 13,140 |
| 10.9 | Average attendance per session | 9.2 |
| | New Patients— | |
| 2,713 | Children under 1 year | 3,243 |
| 297 | Children between 1 and 5 years | 402 |
| | (vi) <i>Voluntary Infant Welfare Centres—</i> | |
| | Mothers | 22,116 |
| 25,813 | Average attendance per session | 35.5 |
| 41.5 | Children under 1 year | 14,979 |
| 18,434 | Average attendance per session | 24.0 |
| 29.4 | Children between 1 and 5 years | 9,411 |
| 9,265 | Average attendance per session | 15.1 |
| 14.8 | New Patients— | |
| 1,515 | Children under 1 year | 1,018 |
| 228 | Children between 1 and 5 years | 183 |
| | (vii) <i>Birth Control</i> | |
| 119 | Attendances | 254 |

Maternity and Child Welfare—continued.

| 1944 | | 1945 |
|--------|--|--------|
| 2,840 | (viii) <i>Minor Ailments—</i> | |
| 9,147 | Inspection | 2,888 |
| 2,016 | Treatment | 9,919 |
| | New Patients—Inspected | 1,832 |
| | Treated | 2,505 |
| 252 | Ante and Post Natal Exercises | 129 |
| | New Patients | 49 |
| 95 | (xi) <i>Other Special Clinics—</i> | |
| 15 | Attendances | 320 |
| | New Patients | 100 |
| | (f) <i>Health Visitors—</i> | |
| | Visits— | |
| 427 | Ante-natal | 431 |
| 7,146 | Primary | 5,954 |
| 18,188 | Under one year | 19,457 |
| 29,791 | 1—5 years | 30,241 |
| 839 | Eye cases | 593 |
| 42 | Ophthalmia Neonatorum | 63 |
| — | Summer Diarrhoea | 6 |
| 36 | Neo-natal deaths | 29 |
| 7,090 | Other special visits | 8,405 |
| 14,310 | Blank visits | 16,057 |
| 736 | Tuberculosis | 515 |
| 458 | Tuberculosis—Blank visits | 311 |
| — | Unmarried mothers | 16 |
| — | Children and Young Persons Act | 23 |
| 8,057 | Sessions attended— | |
| 762 | Clinics | 8,014 |
| 1,468 | Voluntary Infant Welfare Centres | 856 |
| | Nursery schools and classes (hours) | 2,432 |
| | (g) <i>Inspector of Midwives and Nursing Homes—</i> | |
| | Visits— | |
| 689 | 1. Midwives Acts | 579 |
| — | 2. Home Helps | 170 |
| 185 | 3. Blank visits | 178 |
| 53 | 4. Nursing Homes (Routine) | 45 |
| 29 | 5. Nursing Homes (Special) | 46 |
| | (h) <i>C.M.B. Forms—</i> | |
| 1,372 | A. Medical Help | 1,172 |
| 9 | B. Death | 7 |
| 32 | C. Stillbirth | 28 |
| 28 | D. Laying out the dead | 19 |
| 46 | E. Liability of Infection | 29 |
| 74 | F. Artificial Feeding | 88 |
| | (i) <i>Child Life Protection—</i> | |
| 411 | Visits—Child Life Protection Officer | 261 |
| | Health Visitor | 363 |
| — | Children under supervision at beginning | 76 |
| — | .. added to register | 42 |
| — | .. removed from register— | |
| — | (a) at age limit | 5 |
| 24 | (b) transferred to relatives | 33 |
| 10 | (c) legally adopted | 9 |
| — | (d) died | — |
| 8 | (e) for other reasons | 10 |
| — | Children under supervision at end | 61 |
| 31 | Persons registered as receiving children— | |
| | (a) Individual foster mothers | 33 |
| | (b) Persons i/c Vol. Homes and Institutions | — |
| | (c) Persons i/c Residential Nurseries, etc., for profit, etc. | — |
| | Prosecutions under the Act | — |
| | (j) <i>Adoption of Children (Regulation) Act, 1939—</i> | |
| | Visits by Adoption Visitor | 537 |
| | .. Health Visitor | 603 |
| | Applications received— | |
| | (a) Children | 160 |
| | (b) Adopters | 106 |
| | Children placed on trial with prospective adopters | 71 |
| | Adoptions completed | 85 |

Table 2—Maternity and Child Welfare.—Welfare Department.

| | | | | | | | | | | 1945 |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
| | | | | | | | | | | No. |
| Cases on Register at beginning of year | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1,060 |
| „ added | ... | ... | ... | ... | ... | ... | ... | ... | ... | 644 |
| „ removed | ... | ... | ... | ... | ... | ... | ... | ... | ... | 91 |
| „ on Register at end of year | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1,613 |
| Applications received— | | | | | | | | | | |
| (a) Unmarried mothers | ... | ... | ... | ... | ... | ... | ... | ... | ... | 602 |
| (b) Married women | ... | ... | ... | ... | ... | ... | ... | ... | ... | 42 |
| Affiliation Cases completed— | | | | | | | | | | |
| (a) Orders obtained | ... | ... | ... | ... | ... | ... | ... | ... | ... | 38 |
| (b) Agreements arranged | ... | ... | ... | ... | ... | ... | ... | ... | ... | 87 |
| Maintenance Orders (Married Women) | ... | ... | ... | ... | ... | ... | ... | ... | ... | 8 |
| Assisted in application for arrears on Orders | ... | ... | ... | ... | ... | ... | ... | ... | ... | 69 |
| Admitted to homes— | | | | | | | | | | |
| (a) Expectant mothers | ... | ... | ... | ... | ... | ... | ... | ... | ... | 64 |
| (b) Mothers with babies | ... | ... | ... | ... | ... | ... | ... | ... | ... | 76 |
| Visits—Domiciliary— | | | | | | | | | | |
| (a) Ordinary | ... | ... | ... | ... | ... | ... | ... | ... | ... | 434 |
| (b) After care | ... | ... | ... | ... | ... | ... | ... | ... | ... | 397 |
| Blank visits | ... | ... | ... | ... | ... | ... | ... | ... | ... | 281 |
| Interviewed in hospital or homes | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1,118 |
| Total Receipts | ... | ... | ... | ... | ... | ... | ... | ... | ... | £8,677 |
| „ Disbursements | ... | ... | ... | ... | ... | ... | ... | ... | ... | £8,583 |

Table 3—Sunlight Treatment.

| 1944 | | | 1945 | | |
|----------------|---------------------------|-------|---------------------------------|---------------------------|-------|
| Central Clinic | South-mead (out-patients) | Total | Central Clinic | South-mead (out-patients) | Total |
| 55 | 21 | 76 | Artificial Sunlight— | | |
| 442 | 113 | 555 | New Patients— | | |
| 631 | 90 | 721 | Adults | 66 | 44 |
| 922 | 248 | 1,170 | Schoolchildren | 458 | 238 |
| 5,218 | 2,223 | 7,441 | Pre-schoolchildren | 142 | 123 |
| 5,942 | 2,019 | 7,961 | Treatments— | | |
| — | 45 | 45 | Adults | 969 | 588 |
| — | 493 | 493 | Schoolchildren | 4,687 | 4,358 |
| — | 101 | 101 | Pre-schoolchildren | 6,783 | 2,364 |
| — | 1,503 | 1,503 | Short Wave (Adults)— | | |
| — | 101 | 101 | New Patients | — | 43 |
| — | 1,572 | 1,572 | Treatments | — | 385 |
| — | 153 | 153 | Infra-Red (Adults)— | | |
| — | 1,784 | 1,784 | New Patients | — | 80 |
| — | 18 | 18 | Treatments | — | 1,351 |
| — | 245 | 245 | Massage (Adults)— | | |
| | | | New Patients | — | 69 |
| | | | Treatments | — | 1,037 |
| | | | Remedial Exercises (Adults)— | | |
| | | | New Patients | — | 82 |
| | | | Treatments | — | 1,555 |
| | | | Electrical Treatments (Adults)— | | |
| | | | New Patients | — | 21 |
| | | | Treatments | — | 436 |

Table 4—Eye Clinics.

| 1944 | | 1945 | |
|--------------|-------------|--------------|-------------|
| New Patients | Attendances | New Patients | Attendances |
| 1,413 | 5,937 | 1,553 | 6,378 |
| 141 | 444 | 176 | 549 |
| 52 | 65 | 58 | 67 |
| 1,606 | 6,446 | 1,787 | 6,994 |

Table 5—Orthopædic Department.

| 1944 | | Inspections :— | 1945 | |
|----------|-------------|-------------------|----------|-------------|
| Patients | Attendances | | Patients | Attendances |
| 209 | 306 | M. & C. W. | 244 | 345 |
| 884 | 1,312 | School | 1,021 | 1,396 |
| 65 | 178 | Chest | 151 | 243 |
| 1,158 | 1,796 | Totals ... | 1,416 | 1,984 |
| 1944 | | Treatment :— | 1945 | |
| Patients | Attendances | | Patients | Attendances |
| 46 | 702 | M. & C. W. | 45 | 881 |
| 431 | 7,049 | School | 367 | 5,711 |
| 477 | 7,751 | Totals ... | 412 | 6,592 |

Table 6—Foot Clinic.

| 1944 | | | 1945 | |
|----------|-------------|-------------------|----------|-------------|
| Patients | Attendances | | Patients | Attendances |
| 9 | 16 | M. & C. W. | 18 | 39 |
| 407 | 2,099 | School | 661 | 2,776 |
| 416 | 2,115 | Totals ... | 679 | 2,815 |

Table 7—Dental Department.

| 1944 | | | Service. | 1945 | | |
|---------|-------------------------------------|---------|----------------------------|---------|-------------------------------------|---------|
| Schools | Expectant Mothers & Nursing Mothers | Infants | | Schools | Expectant Mothers & Nursing Mothers | Infants |
| 35,802 | 1,307 | 710 | Inspected | 36,535 | 1,067 | 698 |
| 24,981 | 1,307 | 709 | Requiring Treatment | 25,094 | 1,062 | 694 |
| 19,086 | 1,094 | 753 | Treated | 19,817 | 1,002 | 707 |
| 32,554 | 3,545 | 1,109 | Attendances | 32,853 | 3,115 | 1,049 |
| 13,052 | 624 | — | Fillings :— | | | |
| 944 | — | 140 | Permanent Teeth | 13,461 | 651 | — |
| | | | Temporary | 956 | — | 149 |
| 4,694 | 5,021 | — | Extractions :— | | | |
| 24,676 | — | 1,472 | Permanent Teeth | 4,847 | 3,959 | — |
| 12,153 | 1,350 | 658 | Temporary | 24,916 | — | 1,234 |
| | | | Anæsthetic Gas | 12,530 | 767 | 587 |
| 5,644 | 790 | — | Other operations :— | | | |
| 882 | — | 157 | Permanent Teeth | 4,883 | 611 | — |
| | | | Temporary | 976 | — | 187 |
| 241 | — | — | Orthodontic :— | | | |
| 605 | — | — | New patients | 282 | — | — |
| 247 | — | — | Total attendances | 678 | — | — |
| 140 | — | — | Impressions taken | 303 | — | — |
| | | | X-rays | 142 | — | — |

Table 8—Ear, Nose and Throat Department.

| 1944 | | Inspections :— | 1945 | |
|----------|-------------|-------------------|----------|-------------|
| Patients | Attendances | | Patients | Attendances |
| 42 | 50 | M. & C. W. | 49 | 54 |
| 743 | 1,747 | School | 742 | 1,698 |
| 76 | 133 | Chest | 69 | 145 |
| 861 | 1,930 | Totals ... | 860 | 1,897 |
| 13 | 294 | Treatment :— | 9 | 113 |
| 264 | 5,349 | M. & C. W. | 232 | 4,919 |
| | | School | | |
| 277 | 5,643 | Totals ... | 241 | 5,032 |

Table 9—X-Ray Department.

| 1944 | | | 1945 | | |
|--------|--------|--------|------------------------------|--------|--------|
| Film | Screen | Total | Film | Screen | Total |
| 5,665 | 2,006 | 7,671 | <i>Central Health Clinic</i> | | |
| 1,214 | — | 1,214 | Chest | 5,937 | 2,845 |
| 536 | — | 536 | G.P.'s | 2,721 | 8,782 |
| 573 | — | 573 | Schools | 638 | 2,721 |
| 119 | — | 119 | M. & C. W. | 456 | 638 |
| | | | Others | 982 | 456 |
| 8,107 | 2,006 | 10,113 | <i>Southmead Hospital—</i> | | |
| 2,726 | 167 | 2,893 | Out-Patients | 10,734 | 2,845 |
| 10,833 | 2,173 | 13,006 | Totals ... | 1,942 | 13,579 |
| | | | | 164 | 2,106 |
| | | | | 12,676 | 3,009 |
| | | | | | 15,685 |

Table 10—Scabies Baths.

| | | | | Central Health Clinic | | Southmead Hospital | | Avonmouth | | Totals | |
|--------------------|-----|-----|-----|-----------------------|-------|--------------------|-------|-----------|------|--------|-------|
| | | | | 1944 | 1945 | 1944 | 1945 | 1944 | 1945 | 1944 | 1945 |
| Children | ... | ... | ... | 3,463 | 2,544 | 689 | 595 | 221 | — | 4,373 | 3,139 |
| Infants | ... | ... | ... | 1,094 | 880 | 151 | 194 | 63 | — | 1,308 | 1,074 |
| Adults | | | | | | | | | | | |
| Females | ... | ... | ... | 2,967 | 2,230 | 303 | 382 | 124 | — | 3,394 | 2,612 |
| Males | ... | ... | ... | 1,284 | 984 | — | — | 93 | — | 1,377 | 984 |
| Total Attendances | ... | | | 8,808 | 6,638 | 1,143 | 1,171 | 501 | — | 10,452 | 7,809 |
| † New Patients— | | | | | | | | | | | |
| Children | ... | ... | ... | 1,866 | 1,271 | 328 | 249 | 127 | — | 2,321 | 1,520 |
| Infants | ... | ... | ... | 592 | 473 | 73 | 82 | 37 | — | 702 | 555 |
| Adults | | | | | | | | | | | |
| Females | ... | ... | ... | 1,614 | 1,181 | 145 | 163 | 87 | — | 1,846 | 1,344 |
| Males | ... | ... | ... | 616 | 537 | — | — | 63 | — | 679 | 537 |
| Total New Patients | ... | | | 4,688 | 3,462 | 546 | 494 | 314 | — | 5,548 | 3,956 |

† Included in "Total Attendances."

In addition to the above 227 patients involving 421 attendances were dealt with for adjacent authorities.

Table 11—Dispensary.

| | | | | | | | | | |
|---|-----|-----|-----|---------------|-----|-----|-----|-----|---------|
| (1) Establishments served— | | | | | | | | | 1945 |
| Central Health Clinic | | | | | | | | | |
| Health Centres and Clinics (12) | | | | | | | | | |
| Hospitals and Institutions (12) | | | | | | | | | |
| Day Nurseries, Special Nursery | | | | | | | | | |
| Schools and Classes (59) | | | | | | | | | |
| Municipal Midwives (32) | | | | | | | | | |
| Social Welfare District Medical Officer | | | | | | | | | |
| (2) Turnover of Drugs, Dressings, etc.— | | | | | | | | | |
| Quantity of mixtures made | ... | ... | ... | gallons | ... | ... | ... | ... | 1,028 |
| Quantity of ointment made | ... | ... | ... | lbs. | ... | ... | ... | ... | 560 |
| Vit. A. & D. Emulsion | ... | ... | ... | gallons | ... | ... | ... | ... | 182 |
| Vit. A. & D. Capsules | ... | ... | ... | caps. | ... | ... | ... | ... | 96,250 |
| Whooping Cough Vaccine | ... | ... | ... | cc | ... | ... | ... | ... | 1,040 |
| A.P.T. Diph. Proph. (5 cc vials) | ... | ... | ... | cc | ... | ... | ... | ... | 10,105 |
| Other Medicines dispensed | ... | ... | ... | lbs. | ... | ... | ... | ... | — |
| | | | | gallons | ... | ... | ... | ... | 278 |
| Lint and Cotton Wool | ... | ... | ... | lbs. | ... | ... | ... | ... | 1,557 |
| Insulin supplied | ... | ... | ... | cc | ... | ... | ... | ... | 21,460 |
| Anahæmin supplied | ... | ... | ... | 1 cc ampoules | ... | ... | ... | ... | 72 |
| (3) Bulk purchase of Drugs— | | | | lbs. | ... | ... | ... | ... | 3,479 |
| | | | | gallons | ... | ... | ... | ... | 257 |
| | | | | tabs. | ... | ... | ... | ... | 701,000 |

Table 12—Immunisations, Vaccinations, etc.

| 1944 | | | | | | | | 1945 | |
|----------------------|-----------------|---|--|--|--|--|--|----------------------|-----------------|
| 4,526 | | (i) <i>Diphtheria</i> —Number of immunisations completed at Schools 7,332, Clinics and Nurseries 3,682, General Practitioners 1,213, during the year. | | | | | | 5,183 | |
| 2,270 | | Full course—Ages 0—5 years | | | | | | 1,867 | |
| 4,651 | | Ages 5—15 years | | | | | | 5,177 | |
| | | Booster dose —15 years | | | | | | | |
| No. of persons inoc. | No. of injects. | (ii) | | | | | | No. of persons inoc. | No. of injects. |
| — | — | Typhus | | | | | | 45 | 69 |
| 10 | 19 | Typhoid | | | | | | | 47 |
| — | — | Tetanus | | | | | | | 14 |
| — | — | Other injections | | | | | | | 7 |
| 10 | 19 | Totals | | | | | | 45 | 137 |
| | | (iii) | | | | | | | |
| 3,608 | | <i>Vaccination</i> — The number of vaccination certificates received during the year | | | | | | 2,894 | |

Table 15—Mass Radiography.

| 1944 | | | | 1945 | | |
|-------|---------|--------|----------------------------------|--------|---------|--------|
| Males | Females | Total | | Males | Females | Total |
| 6,152 | 6,099 | 12,251 | Miniature X-ray— | | | |
| 78 | 28 | 106 | Number of films made ... | 15,486 | 14,505 | 29,991 |
| | | | “ “ “ cancelled ... | 100 | 100 | 200 |
| 329 | 187 | 516 | Large films— | | | |
| 11 | 14 | 25 | New cases ... | 863 | 557 | 1,420 |
| 2 | — | 2 | Repeat ... | 89 | 113 | 202 |
| | | | Other ... | 58 | 52 | 110 |
| 114 | 62 | 176 | Clinical examinations— | | | |
| 13 | 14 | 27 | First examinations ... | 208 | 142 | 350 |
| | | | Re-examinations ... | 77 | 101 | 175 |
| | | | Disposal of patients— | | | |
| | | | Diagnosed T.B. ... | — | — | 547 |
| | | | Referred to own doctor ... | — | — | 34 |
| | | | “ “ for dispensary treatment ... | — | — | 82 |
| | | | “ “ sanatorium ... | — | — | 40 |
| | | | “ “ observation ... | — | — | 43 |
| | | | No action ... | — | — | 341 |
| | | | Not completed ... | — | — | 7 |
| | | | Other diagnosis ... | — | — | 319 |
| | | | Referred to own doctor ... | — | — | 40 |
| | | | “ “ for hospital treatment ... | — | — | 13 |
| | | | “ “ observation ... | — | — | 23 |
| | | | No action ... | — | — | 241 |
| | | | Not completed ... | — | — | 2 |

Table 16—Venereal Diseases.

| 1944 | | | | Clinics | 1945 | | | |
|----------------|-----------|-----------|--------------|---|----------------|-----------|-----------|--------------|
| Guardian House | Avonmouth | Southmead | Snowdon Road | | Guardian House | Avonmouth | Southmead | Snowdon Road |
| 1,286 | 534 | 476 | | New Patients ... | 1,615 | 444 | 276 | |
| 200 | 51 | 39 | | Syphilis ... | 178 | 21 | 41 | |
| 28 | — | 10 | | “ (congenital, including above) ... | 17 | — | 9 | |
| 12 | 19 | — | | Soft Chancre ... | 14 | 26 | — | |
| 326 | 153 | 73 | | Gonorrhœa ... | 352 | 136 | 42 | |
| 748 | 311 | 364 | | Non-Venereal ... | 1,071 | 261 | 193 | |
| 2,364 | 736 | 704 | | Total Patients ... | 2,771 | 622 | 479 | |
| 28,741 | 3,989 | 4,443 | | Total Attendances ... | 15,566 | 3,408 | 2,463 | |
| 17,613 | 2,465 | 4,426 | | Individual attention by Medical Officer ... | 14,585 | 2,209 | 2,443 | |
| 11,128 | 1,524 | 17 | | Investigation, Dressings, etc. ... | 981 | 1,199 | 20 | |
| 845 | 79 | 162 | | Under treatment end of year | 896 | 48 | 133 | |
| 507 | 42 | 72 | | Syphilis ... | 510 | 13 | 82 | |
| 2 | 3 | — | | Soft Chancre ... | 5 | 3 | — | |
| 146 | 14 | 33 | | Gonorrhœa ... | 247 | 18 | 18 | |
| 190 | 20 | 57 | | Non-Venereal ... | 134 | 14 | 33 | |
| 40 | — | 192 | 45 | In-patients ... | — | — | 283 | 166 |
| 1,167 | — | 6,471 | 1,582 | In-patient days ... | — | — | 7,176 | 3,800 |

Table 17—Incidence of Venereal Diseases, 1937—1945.

BRISTOL.

| | 1937. | | 1938. | | 1939. | | 1940. | | 1941. | | 1942. | | 1943. | | 1944. | | 1945. | |
|---------------------------------------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female |
| Total Syphilis ... | 97 | 36 | 94 | 76 | 74 | 74 | 85 | 30 | 144 | 61 | 225 | 73 | 238 | 117 | 152 | 137 | 120 | 140 |
| Early Syphilis (included in total) | 34 | 10 | 53 | 10 | 43 | 13 | 42 | 8 | 114 | 23 | 182 | 43 | 199 | 73 | 126 | 97 | 89 | 78 |
| Gonorrhoea ... | 439 | 109 | 415 | 107 | 377 | 125 | 331 | 98 | 398 | 124 | 440 | 157 | 526 | 186 | 317 | 235 | 354 | 176 |
| Chancroid ... | 3 | — | 5 | — | 5 | — | 8 | — | 2 | — | 38 | — | 7 | — | 31 | — | 35 | 5 |

Table 18—V.D. Welfare Department.

| 1944 | | | 1945 | |
|-------|-------|---|-------|-----|
| M. | F. | | M. | F. |
| 703 | 459 | Number of cases on Welfare Officer's Register ... | 756 | 930 |
| 1,504 | 1,107 | Number of new cases added during year ... | 1,672 | 936 |
| 177 | 191 | Attendances at Clinics | 208 | 200 |
| | | Interviewed in Clinics— | | |
| 265 | 379 | (a) Primary cases | 288 | 223 |
| 241 | 493 | (b) Current cases | 285 | 547 |
| 169 | 246 | (c) Hospital In-patients | 211 | 170 |
| | | Visiting— | | |
| 140 | 202 | (a) Primary cases—First visit | 164 | 126 |
| 41 | 27 | Second visit | 30 | 9 |
| 7 | 2 | Repeat visit | 14 | 1 |
| 127 | 163 | Examined | 133 | 112 |
| 529 | 595 | (b) Defaulters—First visit | 407 | 472 |
| 46 | 84 | Second visit | 74 | 39 |
| 9 | 12 | Repeat visit | 16 | 3 |
| 355 | 369 | Return for treatment | 295 | 324 |
| 179 | 218 | Number of visits for other specified purposes ... | 117 | 96 |
| 958 | 1,276 | Total number of visits for all purposes ... | 821 | 752 |
| 97 | 87 | Number of consultations with Voluntary bodies ... | 73 | 73 |
| | | Regulation 33B. (included in above figures)— | | |
| 147 | 166 | 1—(a) Total number for whom Form 1 was received | 8 | 128 |
| 119 | 34 | (b) Form 1 sent to M.O.H. of other districts ... | 74 | 36 |
| | | 2—Number in (1) persuaded to be examined before-named on second Form 1— | | |
| 28 | 110 | (a) Contacts found | 7 | 64 |
| 27 | 76 | (b) Contacts examined | 7 | 60 |
| 2 | 18 | 3—Number in (1) for whom two or more Forms 1 were received | — | 26 |
| 1 | 16 | 4—Number of those in (3) who were:— | | |
| 1 | 8 | (a) found | — | 21 |
| 1 | 10 | (b) examined after persuasion | — | 15 |
| 2 | 7 | (c) served with Form 2 | — | 10 |
| — | 4 | (d) examined after service of Form 2 ... | — | 10 |
| | | (e) prosecuted | — | 5 |
| | | Rehabilitation— | | |
| 18 | 25 | (a) Successfully introduced to employment | 25 | 24 |
| 10 | 5 | (b) Successfully introduced to club or other suitable organisation | 19 | 10 |

D.—HOSPITALS, INSTITUTIONS AND NURSERIES.

Table 1—Hospitals.

| No. of Beds occupied 31.12.44 | | Beds Pro- vided | No. Ad- mitted | Births (Live) | No. Dis- charged | No. of deaths | No. of Beds occupied 31.12.45 | Patient Days | Wait- ing List |
|--|------------------------------|-----------------------|----------------------|------------------|------------------------|------------------|--|-----------------|----------------------|
| | Southmead— | | | | | | | | |
| 341 | General | 314 | 3,406 | — | 2,923 | 533 | 291 | 146,520 | 131 |
| 59 | T.B. | 66 | 172 | — | 140 | 39 | 52 | | |
| 15 | V.D. | 45 | 252 | — | 253 | — | 14 | 7,751 | — |
| 157 | Maternity | 163 | 3,194 | 2,570 | 5,678 | 94 | 149 | 53,485 | — |
| | | | | | | | 22 | | |
| 19 | Mortimer House ... | 35 | 637 | 533 | 1,146 | 8 | Babies 13 | 8,702 | — |
| | Snowdon Road— | | | | | | | | |
| 231 | General | 234 | 277 | — | 138 | 141 | 229 | 83,813 | — |
| 19 | T.B. | 25 | 56 | — | 32 | 21 | 22 | 7,835 | — |
| 10 | V.D. | 24 | 166 | — | 164 | 3 | 9 | 3,539 | — |
| | Ham Green— | | | | | | | | |
| 172 | T.B. | 184 | 276 | — | 201 | 70 | 177 | 64,993 | 17 |
| 171 | Fevers, etc. | 289 | 1,983 | — | 1,931 | 67 | 156 | 50,198 | — |
| | Charterhouse— | | | | | | | | |
| 37 | T.B. | 49 | 50 | — | 50 | 2 | 35 | 14,094 | — |
| 5 | Fevers, etc. | 55 | 45 | — | 48 | 1 | 1 | 1,527 | — |
| | Frenchay Hospital— | | | | | | | | |
| — | General | 30 | 30 | — | — | — | 30 | 588 | — |
| — | Nursery | 50 | 46 | — | 12 | — | 34 | 2,300 | — |
| 82 | Frenchay San. ... | 100 | 215 | — | 220 | 6 | 71 | 32,034 | 8 |
| 58 | Winsley San. ... | 58 | 53 | — | 70 | 5 | 36 | 17,115 | 3 |
| 8 | Other T.B. Insts. ... | 15 | 41 | — | 33 | 1 | 15 | 3,951 | — |

Table 2—Cancer Scheme under the Cancer Act, 1939.

| | | | | 1945 | | |
|-------------------------|---|--|--|--------------------------|-----------------------------|-------|
| | | | | Treated free | Treated at part cost | Total |
| A. In-Patients. | | | | | | |
| Bristol Royal Hospital— | | | | | | |
| | Infirmary Branch | | | 88 | 177 | 265 |
| | General Hospital | | | 50 | 157 | 207 |
| | Royal West of England Sanatorium | | | 2 | 13 | 15 |
| | Kewstoke E.M.S. Hospital | | | 7 | 2 | 9 |
| | Southmead Hospital | | | 22 | 92 | 114 |
| | Snowdon Road Hospital | | | 1 | 9 | 10 |
| | Totals | | | 170 | 450 | 620 |
| B. Out-Patients. | | | | | | |
| Bristol Royal Hospital— | | | | Total No. of patients | Total No. of attendances | |
| | Infirmary Branch | | | | | |
| | General Hospital | | | 533 | 4,131 | |

Table 3—Ambulances.

| 1944 | | | 1945 | |
|----------------------|---|--|----------------------|---|
| No. of Ambulances | No. of Removals | | No. of Ambulances | No. of Removals |
| 2 | 2,897 | Infectious Diseases Ambulances | 2 | 3,170 |
| 1 | — | Southmead General Ambulances | 1 | — |
| | Used only for stand-by for night duty | | | Used only for stand-by for night duty |

E.—SANITATION, HOUSING, SHOPS ACTS, ETC.

Table 1—Sanitary Inspectors.

| 1944 Total | | 1945 | | |
|------------|--|--------|-----------|--------|
| | | Visits | Re-visits | Total |
| 3,835 | | — | — | 6,111 |
| — | | — | — | 355 |
| 16,803 | | 6,377 | 18,890 | 25,267 |
| 28 | | 3 | 2 | 5 |
| 9 | | 8 | 14 | 22 |
| — | | 69 | 96 | 165 |
| — | | 239 | 323 | 562 |
| 83 | | 62 | 102 | 164 |
| — | | 59 | 92 | 151 |
| — | | 37 | 64 | 101 |
| 483 | | 120 | 133 | 253 |
| — | | 158 | 271 | 429 |
| — | | — | — | — |
| — | | 21 | 38 | 59 |
| — | | 3 | 4 | 7 |
| 32 | | 7 | 20 | 27 |
| 17 | | 15 | 35 | 50 |
| 39 | | 12 | 56 | 68 |
| — | | 32 | 56 | 88 |
| — | | 587 | 98 | 685 |
| 3,285 | | 690 | 498 | 1,188 |

| Total | Com- plied with | | In- tima- tion | Statu- tory | Compliance | |
|-------|-----------------------|----------------------------|----------------------|----------------|------------|-----|
| | | | | | I. | S. |
| 909 | 525 | Notices— | 1,578 | 1,694 | 785 | 798 |
| — | — | Dwelling houses (P.H.) | 1 | — | — | — |
| — | — | Houses let in lodgings | 1 | — | — | — |
| 4 | 1 | Common lodging houses | 4 | — | 4 | — |
| — | — | Foodshops—Registerable | 38 | — | 12 | 1 |
| — | — | Not registerable | 14 | — | 8 | — |
| — | — | Other shops | 6 | — | — | — |
| — | — | Bakehouses | 7 | — | 2 | — |
| 7 | 1 | Workplaces and Offices | 49 | — | 13 | — |
| — | — | Factories—Non-mechanical | 67 | — | 24 | — |
| — | — | Mechanical | — | — | — | — |
| — | — | Outworkers | — | — | — | — |
| — | — | B.C. Act, 1926, Section 62 | — | — | — | — |
| — | — | Smoke observations | — | — | — | — |
| — | — | Offensive trades | — | — | — | — |
| — | — | Entertainment places | 3 | — | 1 | — |
| — | — | Tents, Vans and Sheds | — | — | — | — |
| — | — | Keeping of animals | 2 | — | 1 | — |
| — | — | Food inspection | 2 | — | — | — |
| — | — | All other matters | 9 | — | 4 | — |

Table 2—Remedial Action.

| 1944 | | 1945 |
|------|---|-------|
| | <i>Drainage Works—</i> | |
| 33 | New drains laid | 44 |
| 166 | Drains repaired | 354 |
| 593 | Choked drains cleared | 688 |
| 228 | Tests made | 44 |
| | <i>Sanitary Conveniences—</i> | |
| 25 | Flushing appliances introduced | 65 |
| 7 | Additional closets fitted | 12 |
| — | Separate closets for sex provided | 6 |
| 43 | New pans fitted | 167 |
| 3 | Action re bathroom and geyser vent | 3 |
| — | Urinals fitted | 2 |
| 52 | Other works | 233 |
| — | Intervening vent space provided | 23 |
| | <i>Water Supplies—</i> | |
| 1 | New and additional installation | 10 |
| — | Hot water installed | 1 |
| 1 | Wells closed | — |
| | <i>Other Sanitary Fittings—</i> | |
| 15 | New sinks fitted | 43 |
| — | Additional sinks provided | 1 |
| 5 | Wash basins provided | 4 |
| | <i>Other Works—</i> | |
| 198 | Roofs repaired | 963 |
| 43 | Dampness remedied | 431 |
| 398 | Other new and repair works | 2,519 |
| — | Yards paved and drained | 6 |
| 107 | Houses cleansed—Dirty | 146 |
| | Verminous | 280 |
| 1 | Food store installed—cooking facilities improved | — |
| 2 | Lighting improved | 10 |
| 4 | Ventilation improved | 11 |
| 1 | Heating provided | 7 |
| — | Exhumations | 1 |
| | <i>Keeping of Animals—</i> | |
| 1 | Removal of manure | 4 |
| | <i>Aged and Infirm Persons—</i> | |
| 5 | Removals—Voluntary | 7 |
| | <i>Smoke Observations—</i> | |
| — | Infringements—Found | 5 |
| — | Remedied | 5 |
| | <i>Noise—</i> | |
| — | Nuisances—Found | 3 |
| — | Abated | 3 |
| | <i>Other Nuisances—</i> | |
| — | Found | 557 |
| 357 | Abated | 557 |

Table 3—Housing Acts.

| 1944 | | 1945 |
|------|---|------|
| | <i>Inspections—</i> | |
| — | Section 9 | — |
| 35 | .. 11 and 12 | 91 |
| — | Clearance area | — |
| | <i>Represented to Committee—</i> | |
| — | Section 9 | — |
| 35 | .. 11 and 12 | 91 |
| — | Clearance area | — |
| | <i>Orders Made—</i> | |
| 9 | Section 11 (demolition) | 53 |
| 2 | .. 12 (closing orders) | 8 |
| — | .. 11 (undertakings to repair accepted) | 3 |
| 1 | .. 11 (undertakings not to use accepted) | 5 |
| | <i>Houses Repaired—</i> | |
| — | Section 9—Informal | — |
| — | .. 9—Formal | 2 |
| — | .. 9—Formal by Corporation in default | — |
| — | Undertakings to repair | 1 |
| — | Undertakings not to use cancelled after repair | 1 |
| — | Other repairs | 2 |

Table 4—Dairies, Milkshops, etc.

| 1944 | REGISTRATIONS. | 1945 |
|-------|--|------|
| 1,055 | Personal | 972 |
| | Milk :— | |
| 191 | Dairies | 180 |
| 139 | Dairies outside City retailing within | 139 |
| 673 | Milkshops | 601 |
| 52 | Cowsheds | 52 |
| | Ice-cream :— | |
| — | Manufacture, storage, etc. | 220 |
| | Licences :— | |
| | Tuberculin Tested— | |
| 2 | To produce | 2 |
| — | To produce and bottle | — |
| 8 | To bottle and sell | 7 |
| 12 | To sell only | 10 |
| 2 | Supplementary | 4 |
| | Accredited— | |
| 9 | To produce | 9 |
| 1 | To produce and bottle | 1 |
| 1 | To bottle | 1 |
| — | To sell only | 1 |
| 3 | Supplementary | 3 |
| | Pasteurised— | |
| 10 | To produce and sell | 11 |
| 52 | To sell only | 55 |
| 3 | Supplementary | 3 |

Dairies, Milkshops, etc. (contd.).

| 1944 | | SAMPLES. | 1945 | |
|---------------|-----------------------|--|---------------|-----------------------|
| Samples taken | Samples not complying | | Samples taken | Samples not complying |
| 206 | 15 | Pasteurisation Test (Schools) | 195 | 30 |
| 111 | — | Tubercule Examination (including repeats)— | | |
| 466 | — | City | 99 | — |
| 539 | — | Somerset | 721 | — |
| — | — | Gloucestershire | 422 | — |
| 3 | — | Other counties | 10 | — |
| 124 | 40 | Tuberculin Tested (certified) | 3 | 1 |
| 62 | 10 | Tuberculin Tested | 167 | 71 |
| 178 | 44 | Pasteurised | 32 | 9 |
| — | — | Accredited | 116 | 49 |
| 246 | 13 | Heat-treated | 181 | 16 |
| 1,441 | — | Institution Tests | 231 | 24 |
| — | — | Under Food and Drugs Act | 1,588 | — |
| — | — | Ice-cream | 25 | 12 |
| 238 | — | { Waters | 280 | 30 |
| 696 | — | { Others | 211 | 48 |
| 114 | — | Faces | 2,819 | — |
| 129 | — | Plant tests | 83 | 5 |
| — | — | Churn or bottle rinses | 147 | 43 |
| — | — | Blood tests | — | — |

| 1944 | VISITS AND NOTICES. | | | | | | | 1945 |
|-------|---|--|--|--|--|--|--|-------|
| | <i>Visits—</i> | | | | | | | |
| 1,153 | Dairies | | | | | | | 1,280 |
| 197 | Milkshops | | | | | | | 181 |
| 544 | Cowsheds and Farms | | | | | | | 407 |
| 116 | Corporation Institutions | | | | | | | 235 |
| 206 | Schools | | | | | | | 198 |
| 3,228 | Others | | | | | | | 3,970 |
| — | Ice-cream premises | | | | | | | 297 |
| | <i>Notices—</i> | | | | | | | |
| 40 | Verbal | | | | | | | 61 |
| 34 | Verbal compliance | | | | | | | 9 |
| 13 | Written | | | | | | | 15 |
| 5 | Written compliance | | | | | | | 15 |
| | <i>Remedial Action—</i> | | | | | | | |
| | <i>Premises—</i> | | | | | | | |
| 1 | New built | | | | | | | — |
| 8 | Altered or repaired | | | | | | | 8 |
| — | Roofs repaired | | | | | | | 6 |
| 21 | Cleansed—Dairies | | | | | | | 21 |
| 2 | Other defects | | | | | | | 7 |
| 7 | Plants installed—sterilising | | | | | | | — |
| — | New or additional water supply installed | | | | | | | 5 |
| — | Ice-cream premises | | | | | | | 5 |
| | <i>Drainage—</i> | | | | | | | |
| — | Tests made | | | | | | | — |
| — | New drains | | | | | | | — |
| 2 | Repairs | | | | | | | — |
| — | Chokages cleared | | | | | | | 1 |
| | <i>Water Closets—</i> | | | | | | | |
| 1 | Flushing appliances | | | | | | | 1 |
| 1 | New pans | | | | | | | 4 |
| 6 | Other repairs and cleansing | | | | | | | 1 |
| — | Cesspools abolished | | | | | | | — |
| — | Cesspools provided | | | | | | | — |
| 8 | Other nuisances abated | | | | | | | 4 |

Table 5—Inspection of Meat and other Foods.

| 1944 | | 1945 |
|-------|---|-------|
| | <i>Visits—</i> | |
| 958 | Meat Markets | 1,660 |
| 1,629 | Shops | 2,143 |
| 1 | Cattle Markets and Railway Sidings | 1 |
| — | Fish curing premises | — |
| 28 | Sausage making premises | 65 |
| — | Cold Stores | 30 |
| — | Connection with food poisoning | 30 |
| — | Street traders | — |
| 55 | Institutions | 126 |
| 1,246 | Slaughterhouses | 1,533 |
| | <i>Remedial Action—</i> | |
| — | Slaughterhouses cleansed | — |
| — | Slaughterhouses rebuilt, repaired or altered | — |
| — | Sanitary defects, etc. | — |

| 1944 | | | 1945 | |
|--------|----------|-----------------------------|--------|----------|
| City | Abattoir | | City | Abattoir |
| | | <i>Animals examined</i> | | |
| 8,835 | 11,659 | Beasts | 8,404 | 11,107 |
| 8,959 | 9,603 | Calves | 5,804 | 9,739 |
| 37,234 | 40,717 | Sheep | 36,645 | 42,617 |
| 13,837 | 732 | Pigs | 858 | 1,525 |
| 7,963 | — | Pigs (New Zealand) | 10,166 | — |
| 880 | — | .. (American) | 22,026 | 26 |
| — | — | Goats | — | 29 |
| | | <i>Carcases destroyed —</i> | | |
| 262 | 451 | Beasts | 310 | 333 |
| 17 | 8 | Calves | 30 | 24 |
| 61 | 48 | Sheep | 134 | 22 |
| 40 | 30 | Pigs | 65 | 15 |
| — | — | Goats | — | 1 |

| 1944 | | 1945 |
|------|--|------|
| Tons | | Tons |
| | <i>Meat destroyed from—</i> | |
| 175 | Slaughterhouses and shops | 159 |
| — | Cold Stores | — |
| 176 | Abattoir | 148 |
| 171 | Fish, Poultry, Vegetables, etc. | 256 |

Table 6—Disinfections, Drain Tests, etc.

| 1944 | | 1945 |
|---------|--------------------------------------|--------|
| | | |
| 8,738 | Premises disinfected | 5,837 |
| 169,557 | Articles disinfected | 86,259 |
| 1,065 | Articles destroyed | 823 |
| 500 | Vermin repression—by spraying | 690 |
| 31 | .. by fumigation | 16 |
| 142 | Vermin baths—Men | 152 |
| 11 | .. Women | 15 |
| 6 | Vans engaged | 5 |
| 49,230 | Mileage covered | 42,650 |
| 491 | Foodstuffs, etc., destroyed | 448 |
| 325 | Drain tests | 229 |
| — | Other work | 101 |
| 2,897 | { Cases removed—to hospital | 2,171 |
| | .. from hospital | 659 |
| | .. transferred | 340 |
| 3 | Ambulances engaged | 2 |
| 43,556 | Mileage covered | 45,358 |

Table 7—Rat Repression.

| 1944 | | | | 1945 | | | |
|-----------------|---------|-------------|-------|---|---------|-------------|-------|
| Business Houses | Houses | Other | Total | Business Houses | Houses | Other | Total |
| 550 | 1,010 | 259 | 1,819 | Complaints incompletely dealt with b/forwd. ... | 10 | 11 | 5 |
| | | | | Complaints received ... | 456 | 798 | 180 |
| | | | | | 466 | 809 | 185 |
| | | | | Remedial action— | | | |
| | | | | Infestation cleared— | | | |
| 427 | 571 | 254 | 1,252 | By Corporation ... | 389 | 478 | 146 |
| 25 | 75 | 5 | 105 | By occupiers ... | 5 | 30 | 1 |
| 72 | 357 | 7 | 436 | No action required ... | 63 | 290 | 32 |
| 10 | 11 | 5 | 26 | Incompletion at end of year carried forward ... | 9 | 11 | 6 |
| 534 | 1,014 | 271 | 1,819 | | 466 | 809 | 185 |
| | | | | Places subject to routine visits ... | | | 49 |
| | | | 48 | No. of visits ... | | | 581 |
| | | | 594 | Notices served— | | | |
| 550 | 1,010 | 259 | 1,819 | Informal ... | 456 | 798 | 180 |
| | | | — | Statutory (formal) ... | — | — | — |
| | | | — | Statutory notices compliance ... | — | — | — |
| Avon-mouth | Bristol | Portis-head | Total | Avon-mouth | Bristol | Portis-head | Total |
| 1,801 | 11 | 19 | 1,831 | Rats recovered— | | | |
| 15 | 217 | — | 232 | Docks, quays, wharves, etc.— | | | |
| — | — | — | — | Brown ... | 3,311 | 10 | 34 |
| 347 | 153 | — | 500 | Black ... | 46 | 240 | — |
| 528 | 27 | 4 | 559 | Species not recorded ... | — | — | — |
| | | | | Examined for plague ... | 938 | 127 | 2 |
| | | | | Mice ... | 615 | 46 | 40 |
| | | | Total | City— | Total | | |
| | | | 1,991 | Brown ... | 5,037 | | |
| | | | 1,749 | Black ... | 970 | | |
| | | | — | Species not recorded ... | — | | |
| | | | 132 | Examined for plague ... | 144 | | |
| | | | 1,760 | Mice ... | 1,801 | | |

Table 8—Shops Acts and Young Persons.

| 1944 | | 1945 |
|-------|--|-------|
| 3,268 | <i>Visits—</i> | |
| | Retail | 2,408 |
| | Wholesale | 35 |
| 662 | <i>Re-visits—</i> | |
| | Retail | 666 |
| | Wholesale | 85 |
| | <i>Infringements—</i> | |
| 343 | Failure to exhibit notices | 329 |
| 14 | Half holiday and statutory holiday | 13 |
| 10 | Hours of young persons | 9 |
| 12 | Meal intervals | 11 |
| 3 | Seats for female assistants | 6 |
| | <i>Assistants' Facilities Improved—</i> | |
| 16 | Sanitary | 14 |
| — | Heating | 3 |
| 1 | Ventilation | — |
| — | Facilities for meals | — |
| — | Lighting | 1 |
| 3 | Washing | 2 |
| 40 | Referred to C.S.I. (Section 10) | 54 |
| 44 | Verbal warnings | 85 |
| 1 | Warning letters | 4 |
| — | Legal proceedings | 2 |
| — | Visits to cinemas | — |
| | <i>Shops Acts and Sunday Entertainment—</i> | |
| 14 | Visits | 38 |
| — | Re-visits | 2 |
| 1 | Infringements—Holidays | 3 |
| 3 | Records | 6 |
| | <i>Young Persons (Employment) Act, 1938—</i> | |
| 64 | Visits | 103 |
| 25 | Re-visits | 38 |
| 8 | Infringements | 25 |
| 6 | Verbal warnings | 8 |
| | <i>Work Undertaken for another Authority—</i> | |
| 196 | Investigations under Location of Retail Businesses Order ... | 100 |

F.—BRISTOL PORT HEALTH AUTHORITY. 1945.

Table 1—Amount of Shipping entering the Port during the year 1945.
(Avonmouth, Portishead and Bristol.)

| | Number Arriving | No. of vessels inspected | | No. reported to be defective | No. of vessels on which defects were remedied | No. of vessels reported as having or having had during the voyage infectious disease on board. |
|------------------------------------|-----------------|---------------------------------------|---------------------------|------------------------------|---|--|
| | | By the Port Medical Officer of Health | By the Sanitary Inspector | | | |
| <i>Foreign.</i> | | | | | | |
| Steamers | 444 | 438 | 444 | 169 | 152 | 22 |
| Motor | 184 | 182 | 184 | 50 | 46 | 6 |
| Total Foreign | 628 | 620 | 628 | 219 | 198 | 28 |
| <i>Coastwise.</i> | | | | | | |
| Steamers | 506 | 8 | 458 | 82 | 73 | 1 |
| Motor | 219 | 1 | 177 | 4 | 4 | 1 |
| Total Coastwise | 725 | 9 | 635 | 86 | 77 | 2 |
| Total Foreign and Coastwise | 1,353 | 629 | 1,263 | 305 | 275 | 30* |

* Excluding vessels having venereal disease on board.

Table 2—Cases of Infectious Sickness, landed* from vessels.

| Disease | No. of Cases during 1945 | | No. of vessels concerned | Average No. of cases for previous 5 years |
|--|--------------------------|------|--------------------------|---|
| | Passengers | Crew | | |
| <i>Infectious Diseases, including—</i> | | | | |
| Pulmonary Tuberculosis | 10 | 4 | 7 | 13.2 |
| Pneumonia | — | 2 | 2 | 4.4 |
| Diphtheria | — | 2 | 2 | 0.4 |
| Dysentery | — | 2 | 2 | 0.6 |
| Influenza | — | 6 | 5 | 3.6 |
| Leprosy | 1 | — | 1 | 0.2 |
| Malaria | 1 | 3 | 4 | 16.2 |
| Measles | 2 | — | 1 | 0.8 |
| Typhoid | 3 | — | 2 | 1.8 |
| <i>Other Infectious Diseases—</i> | | | | |
| Chicken-pox (4), Mumps (4) | 3 | 5 | 6 | 1.8 |
| Venereal disease | 2 | 587 | 252 | 182.0 |

Other diseases not included in Table 2 above landed* from vessels.

| Disease • | No. of Cases during 1945 | | No. of vessels concerned | Average No. of cases for previous 5 years |
|------------------------------------|--------------------------|------|--------------------------|---|
| | Passengers | Crew | | |
| Rheumatism | — | 3 | 3 | 3.0 |
| <i>Diseases of—</i> | | | | |
| Nervous system | 23 | 8 | 14 | 10.8 |
| Digestive system | 12 | 57 | 46 | 16.4 |
| Circulatory system | 4 | 4 | 8 | 4.8 |
| Respiratory system | 2 | 11 | 11 | 5.8 |
| Skin and Cellular Tissue | 3 | 37 | 28 | 14.0 |
| Genito urinary system | 6 | 2 | 6 | 2.0 |
| Bones and organs locomotion | 2 | 2 | 4 | 6.6 |
| Traumatism | 15 | 42 | 44 | 12.6 |
| Ill-defined | — | 7 | 6 | 8.2 |

* Includes only cases requiring medical attention, but all were not removed from ships to hospital.

Table 3—Cases of Infectious Sickness on vessels during voyage but disposed of prior to arrival.

| Disease | No. of Cases during 1945 | | No. of vessels concerned | Average No. of cases for previous 5 years |
|--|--------------------------|------|--------------------------|---|
| | Passengers | Crew | | |
| <i>Infectious Diseases, including—</i> | | | | |
| Pulmonary Tuberculosis | 1 | 2 | 2 | 1.6 |
| Dysentery | 1 | 1 | 2 | 0.0 |
| Malaria | — | 15 | 2 | 4.0 |
| Measles | 11 | 1 | 3 | 1.8 |
| Influenza | — | 1 | 1 | 0.2 |
| <i>Other Infectious Diseases—</i> | | | | |
| Chicken-pox | — | 1 | 1 | 1.4 |
| Venereal disease | — | 3 | 1 | 2.8 |

Other diseases not included in above table ON VESSELS DURING VOYAGE but disposed of prior to arrival.

| Disease | No. of Cases during 1945 | | No. of vessels concerned | Average No. of cases for previous 5 years |
|---------------------------|--------------------------|------|--------------------------|---|
| | Passengers | Crew | | |
| Diseases of— | | | | |
| Nervous system | 1 | — | 1 | 1.6 |
| Respiratory system | — | 1 | 1 | 0.2 |
| Digestive system | 2 | 2 | 4 | 1.0 |
| Circulatory system | 1 | — | 1 | 0.4 |
| Traumatism | — | 1 | 1 | 1.0 |

Table 4—Measures of Rat Repression. On vessels. 1945.

| | Jan. | Feb. | Mar. | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Total |
|----------------------|------|------|------|-------|-----|------|------|------|-------|------|------|------|-------|
| Black | 143 | 28 | 32 | 77 | 133 | 24 | 84 | 33 | 14 | 46 | 25 | 81 | 720 |
| Brown | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Species not recorded | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Examined | 98 | 24 | 28 | 31 | 59 | 21 | 60 | 24 | 7 | 18 | 21 | 68 | 459 |
| Infected with plague | — | — | — | — | 8 | — | — | — | — | — | — | — | — |
| Mice | — | — | — | — | — | — | — | — | — | — | — | — | 8 |

Table 5—Rats destroyed on Quays, Docks, Wharves and Warehouses.

| | Jan. | Feb. | Mar. | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Total |
|----------------------|------|------|------|-------|-----|------|------|------|-------|-------|------|------|-------|
| Black | 23 | 22 | 24 | 23 | 27 | 13 | 28 | 20 | 16 | 32 | 36 | 22 | 286 |
| Brown | 169 | 172 | 180 | 172 | 203 | 187 | 237 | 215 | 296 | 1,014 | 290 | 210 | 3,345 |
| Species not recorded | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Examined | 89 | 80 | 106 | 119 | 121 | 114 | 131 | 30 | 116 | 77 | 52 | 32 | 1,067 |
| Infected with plague | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Mice | 75 | 40 | 39 | 39 | 65 | 58 | 73 | 61 | 51 | 62 | 84 | 54 | 701 |

Table 6—Measures of rat destruction on plague “infected” or “suspected” vessels from plague infected ports arriving at the Port during 1945.

| Total No. of such vessels arriving | No. of such vessels fumigated with SO ₂ | No. of rats killed | No. of such vessels fumigated with H.C.N. | No. of rats killed | No. of such vessels on which trapping, poisoning, etc. were employed | No. of rats killed | No. of such vessels on which measures of rat destruction were not carried out |
|------------------------------------|--|--------------------|---|--------------------|--|--------------------|---|
| 28 | — | — | 1 | 13 | 24 | 29 | 3* |

* These ships were all examined for rat indications but no measures were taken, either because there was no evidence of rats, or because of very short stay in port.

Table 7—Deratisation certificates and Deratisation exemption certificates issued during 1945.

| No. of ships | No. of deratisation certificates issued after fumigation— | | | | Deratisation exemption certificates issued | TOTAL certificates issued |
|--------------|---|--------------|-------------------------|---------------------------------|--|---------------------------|
| | With H.C.N. | With Sulphur | With H.C.N. and Sulphur | After trapping, poisoning, etc. | | |
| 142 | 26 | 1 | — | — | 115 | 142 |
| | | | | TOTAL | | |
| | | | | 27 | | |

Table 8—Hygiene of Crew's Spaces—Classification of Nuisances.

| No. of vessels inspected | Defects of original construction | | Structural defects through wear and tear | Dirt, vermin and other conditions prejudicial to health |
|--------------------------|----------------------------------|----|--|---|
| | | | | |
| 1,263 | | 78 | 268 | 852 |

Table 9—Foreign Going Ships.

| Hygiene of Crew Spaces | No. Defects | | | No. Defects reported by For'd Notices to— | | No. Ships | |
|---------------------------|-------------|-------|-----------|---|-------------------|-----------|---------|
| | Found | Rem'd | Not Rem'd | Other P.H.A.'s | M.O.W.T. Surveyor | British | Foreign |
| Original Construction ... | 69 | 30 | 39 | 31 | 16 | 25 | 7 |
| Wear and Tear ... | 218 | 199 | 19 | 18 | 1 | 76 | 7 |
| Dirt and Vermin, etc. ... | 783 | 745 | 38 | 38 | — | 158 | 55 |

Table 10—Home Trade and Coastwise Vessels.

| Hygiene of Crew Spaces | No. Defects | | | No. Defects reported by For'd Notices to— | | No. Ships | |
|---------------------------|-------------|-------|-----------|---|-------------------|-----------|---------|
| | Found | Rem'd | Not Rem'd | Other P.H.A.'s | M.O.W.T. Surveyor | British | Foreign |
| Original Construction ... | 9 | 2 | 7 | 4 | 3 | 4 | 1 |
| Wear and Tear ... | 50 | 28 | 22 | 18 | — | 17 | 4 |
| Dirt and Vermin, etc. ... | 69 | 61 | 8 | 8 | — | 51 | 9 |

Table 11—Meats (Condemned).

| Description | Decomposition | | | | Brine Stain | | | | Mould | | | | Contamination and Taint | | | | Totals | | | |
|--------------------|---------------|----|----|------|-------------|----|----|------|-------|----|----|------|-------------------------|----|----|------|--------|----|----|------|
| | T. | C. | Q. | lbs. | T. | C. | Q. | lbs. | T. | C. | Q. | lbs. | T. | C. | Q. | lbs. | T. | C. | Q. | lbs. |
| Beef ... | 1 | 13 | 3 | 3 | | | | 21 | | | | | 1 | 3 | 23 | | 1 | 15 | 3 | 19 |
| Mutton & Lamb ... | 1 | 16 | 1 | 4 | 4 | 2 | | 18 | | | | | 10 | 0 | 25 | | 2 | 11 | 0 | 19 |
| Pork ... | | 1 | 1 | 14 | | 2 | | 6 | | | | | | | | | | 1 | 3 | 20 |
| Veal ... | | 1 | 0 | 8 | | | | 10 | | | | | | | 9 | | | 1 | 0 | 27 |
| Offal ... | | 10 | 0 | 0 | | | | 14 | | | | | | 3 | 26 | | | 11 | 0 | 12 |
| Bacon & Ham ... | | 4 | 0 | 0 | | | | | | | | | | | | | | 4 | 0 | 0 |
| Prepared Meats ... | | 2 | 2 | 0 | | | | | | | | | | | | | | 2 | 2 | 0 |
| Totals ... | 4 | 8 | 0 | 1 | 6 | 2 | | 13 | | | | | 13 | 0 | 27 | | 5 | 7 | 3 | 13 |

Table 12—Canned Foods (Condemned).

| No. of Tins | Description | Why Condemned | C. Q. lbs. | | |
|-------------|---------------------|------------------------|------------|---|----|
| 552 | Canned Meats ... | Blown, Pierced & Burst | 9 | 2 | 20 |
| 2,090 | Evaporated Milk ... | do. | 17 | 1 | 16 |
| 411 | Canned Fish ... | do. | 3 | 2 | 7 |
| 99 | " Fruit ... | do. | 5 | 3 | 11 |
| 49 | " Jams ... | Pierced & Burst | 1 | 1 | 26 |
| 13 | " Margarine ... | Blown & Rancid | | 3 | 7 |
| | | | 38 | 3 | 3 |

Table 13—Miscellaneous Foods (Condemned).

| Description | Why Condemned | Weight | | | |
|--------------------|---|--------|----|----|------|
| | | T. | C. | Q. | lbs. |
| Fresh Fish | Contaminated and unsound | 1 | 5 | 1 | 22 |
| Butter | Rancid | | 1 | 0 | 8 |
| Oranges | Decomposed | 26 | 2 | 0 | 22 |
| Dried Fruit | Fermentation, Mould, Perished, Weevil and Fruit Moth infested ... | 3 | 13 | 2 | 23 |
| Wheat | Decomposed and oil con- taminated | 15 | 8 | 1 | 16 |
| Rolled Oats | Gross contamination, damp- ness and rancidity ... | 16 | 7 | 1 | 24 |
| Yeast | Fermented and Perished ... | | | 3 | 19 |
| Total Weight ... | | 62 | 19 | 0 | 22 |

Table 14—Particulars of Foods detained for reconditioning at Local or other Food Depots.

| Description of Food | Quantity | Reason for Detention | Weight in Tons (approx.) |
|---|----------|---|-----------------------------|
| Frozen Lambs | 34,946 | Oil taint | 546 |
| Frozen Sheep | 9,713 | Oil taint | 210 |
| Frozen Beef and Lamb Offal (Bags) | 200 | Oil taint, salt water and ice damaged | 7 |
| Pkgs. Beef Qts. and Cuts... | 310 | Oil taint | 14 |
| Boxes Butter | 59,320 | Oil taint | 1,483 |
| Bags Flour | 1,964 | Wet damaged | 128 |
| Boxes Dried Fruit | 106 | Water damaged | 3 |
| Crates Rabbits | 848 | Ice and salt water damaged | 23 |
| Boxes Frozen Fish | 11,009 | Taint | 74 |
| Canned Foods (Tins) ... | 4,572 | Water stained and slight rusting | 4 |
| Total approximate tonnage involved | | | 2,492 |

CONSTITUTION OF THE HEALTH COMMITTEE

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Vice-Chairman : Alderman E. T. Cozens, J.P.

Aldermen : Henley S. Evans
T. Jefferis
Mrs. C. M. Keel

Councillors : G. A. Watson Allan
Mrs. M. L. Gunning
R. N. Harrison
Mrs. M. A. Hennessy
Mrs. I. D. Monk
F. H. Moss
Mrs. A. E. Nutt
P. H. Salmond
Miss H. Strimer
W. A. Wilkins, M.P.
A J. M. Wright, M.B., B.S. (Lond.), F.R.C.S.
Town Clerk : Alexander Pickard, Esq.
City Treasurer : E. M. Tapson, Esq.

Principal Officers also associated with the work of the department :

City Engineer : H. M. Webb, Esq.
Chief Education Officer : G. H. Sylvester, Esq.
City Valuer : W. A. James, Esq.
City Architect : J. Nelson Meredith, Esq.
Director of Social Welfare : T. S. Lamb, Esq.
City Librarian : J. Ross, Esq.

PUBLIC HEALTH STAFF

Medical Officer of Health (City, Port and Schools):

R. H. Parry, M.D., B.S. (Lond.), F.R.C.P., D.P.H.

Deputy Medical Officer of Health :

I. G. Davies, M.D., M.R.C.P. (Lond.), D.P.H.

Principal Medical Assistants :*Maternity and Child Welfare:*

Marguerite G. Hughes, M.B., Ch.B.

School Medical Service:

*A. A. Dalby, M.C., M.R.C.S., L.R.C.P.

Chest Specialist:

C. J. C. Faill, F.R.C.P., Ed.

Venereal Disease:

A. E. W. McLachlan, F.R.S.E., M.B., Ch.B., D.P.H.

Radiology:

J. V. Sparks, B.A., M.R.C.S., L.R.C.P., M.R.C.P., D.M.R.E.

Mass Miniature Radiology:

E. Evelyn Mawson, M.D., Ch.B.

Bacteriology:

K. E. Cooper, B.Sc., Ph.D., L.R.C.P., M.R.C.S., A.I.C.

Clinical Pathology:

Dorothy Woodman, M.D., M.Sc., M.R.C.S., L.R.C.P.

F. J. W. Lewis, M.B., Ch.B.

Assistant Medical Officer of Health:

R. J. Irving Bell, M.R.C.S., L.R.C.P., D.P.H.

Port Health:

D. T. Richards, M.R.C.S., L.R.C.P., D.P.H.

Ham Green Hospital and Sanatorium:

B. A. I. Peters, B.A., M.D., B.C., D.P.H.

*Southmead General Hospital, Snowdon Road Hospital, and
Mortimer House Maternity Annexe:*

P. Phillips, M.Sc., M.D., Ch.B.

Frenchay Park Sanatorium:

E. Evelyn Mawson, M.D., Ch.B.

Babies' Home:

Greta Hartley, M.D., M.M.

Residential Nurseries:

A. Alison Craig, M.D. (Lond.), D.P.H., D.C.H.

Other Principal Assistants :*Administration:*

J. G. Watson

Chief Sanitary Inspector:

F. J. Redstone, F.S.I.A., M.R.San.I.

Acting Matron, External Nursing Services:

Miss L. M. Bendall

Public Analyst:

F. E. Needs, F.I.C.

Veterinary Surgeon:

G. E. Henson, F.R.C.V.S.

* On active service.

CITY COUNCIL

HEALTH COMMITTEE

EDUCATION CTEE.

SOCIAL WELFARE CTEE.

M. & C.W. CTEE.

MENTAL DEFICY. ACTS CTEE.

BLIND PERSONS ACTS CTEE.

JOINT SERVICES SUB-COMMITTEES

VOLUNTARY BODIES—AGENCIES AND CONSULTATION

MEDICAL OFFICER OF HEALTH

SCHOOL MEDICAL SERVICE

Medical inspection
Nursing
Diagnosis and treatment
—clinic
—hospital

SOCIAL WELFARE

Medical inspection
Treatment
Medicines

School nursing
and
Health visiting

MATERNITY & CHILD WELFARE

Maternity
Ante & post-natal clinics
Domiciliary midwifery
Maternity Hospitals
Home helps
Unmarried mothers' welfare

Child care
Infant welfare clinics
Residential nurseries
Day nurseries
Foster mothers and guardians
Adoption

Inspections
Nursing homes
Nurses' Co-operations
Midwives

Training
Pupil health visitors
Pre-nursing pupils
Midwifery

EPIDEMIOLOGY

Ascertainment
Vital statistics
Home visiting
Diagnosis
Treatment
—hospital
Prevention
—vaccination
—immunisation

MENTAL DEFICIENCY

Ascertainment
Inspection
Occupational training

BLIND PERSONS
Inspection of agency
Preventive welfare

TUBERCULOSIS

Diagnosis
Treatment—
clinic
sanatorium
hospital
Welfare—
care
allowances

RADIOLOGY

Diagnosis
radiography
mass radiography

CANCER

Diagnosis
Treatment—
clinic
hospital

VENEREAL

Diagnosis
Treatment—
clinic
hospital
Welfare

SICK PERSONS

Acute and chronic
Diagnosis and
treatment—
hospital
casualty clinic

SHOPS ACTS

CHILDREN & Y.P. ACT
Inspection
Enforcement

SANITATION AND HOUSING

Inspection and enforcement
housing
sanitation
milk and dairies
food and drugs
meat
rats & mice destruction
disinfection
disinfection
miscellaneous regulations

PORT HEALTH

Inspection
medical
sanitary
Deratisation
Disinfection
Dock sanitation
Aliens inspection
Diagnosis & treatment

MISCELLANEOUS

Domestic helps
Assessments
Ambulances
Health education
Veterinary inspection
Meals service
Abattoir

CLINICS

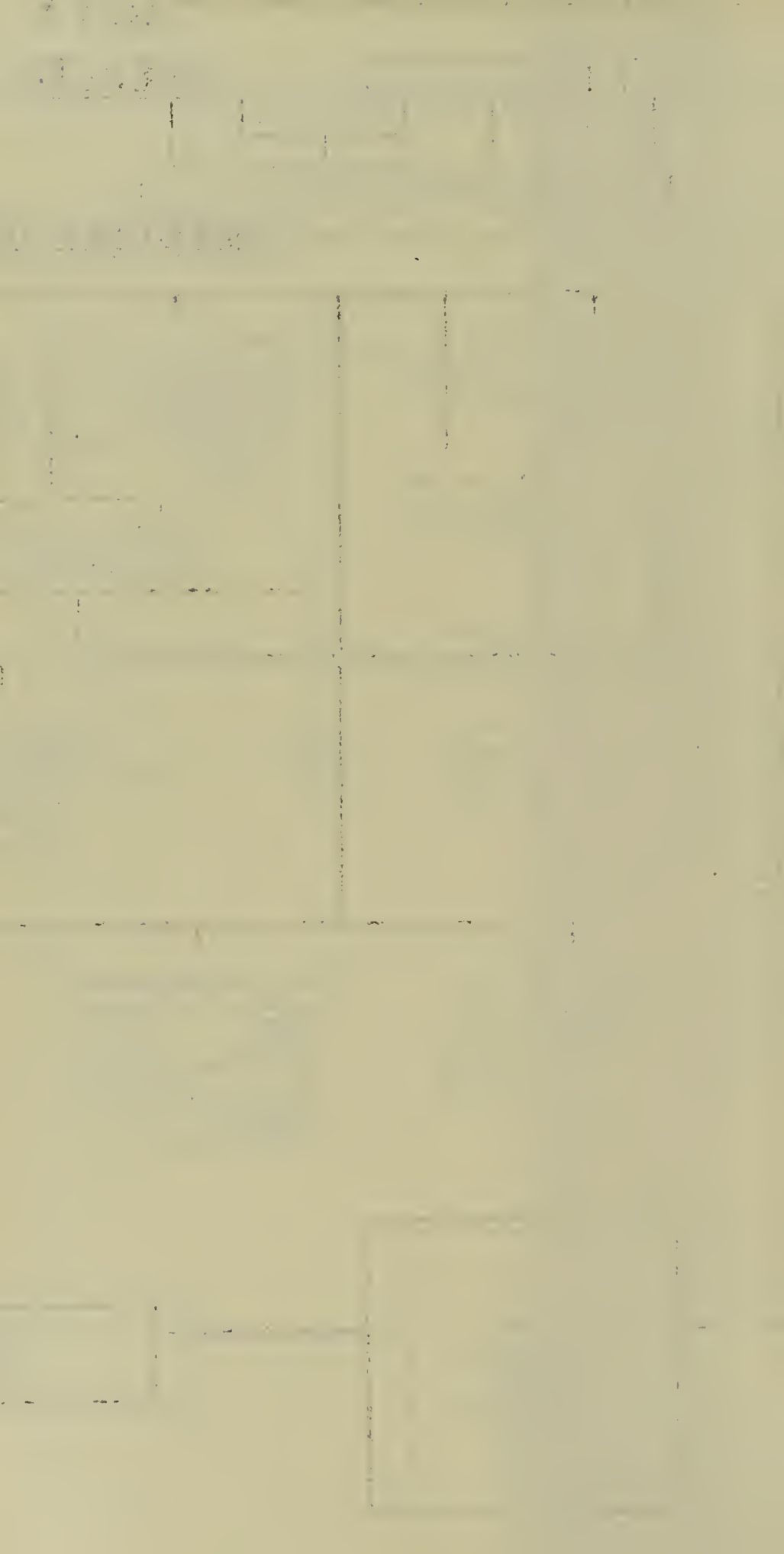
Routine services
Specialist services
advice
treatment
Training department

LABORATORY

Pathological
Bacteriological
Analytical

HOSPITALS AND SANATORIA

Treatment
Acute
Chronic
Infectious
Tuberculosis
Maternity
Training schools
Medical
Nursing
Midwifery



APPENDIX XII

REPORT
OF THE
SCHOOL MEDICAL OFFICER

FOR THE YEAR

1945

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BRISTOL EDUCATION COMMITTEE

Chairman - Alderman F. C. WILLIAMS.
Vice-Chairman - Councillor R. ST JOHN READE.

Special Services Committee.

Chairman - Councillor Mrs. F. M. BROWN.

Chief Education Officer.

G. H. SYLVESTER, M.A.

School Medical Officer and Medical Officer of Health.

R. H. PARRY, M.D., B.S., (London), F.R.C.P., D.P.H.

Chief Assistant School Medical Officer.

A. A. DALBY, M.C., M.R.C.S., L.R.C.P.
 (on active service).

CITY AND COUNTY OF BRISTOL

| | | | | |
|----------------------------------|-----|-----|-----|---------|
| Population (estimated Dec. 1945) | ... | ... | ... | 425,110 |
|----------------------------------|-----|-----|-----|---------|

Schools :—

| | | | | |
|-----------------------------|-----|-----|-----|--------|
| Number of Schools | ... | ... | ... | 102 |
| Number of Departments | ... | ... | ... | 169 |
| Average Number on Registers | ... | ... | ... | 46,500 |
| Average Attendance | ... | ... | ... | 40,633 |

CITY AND COUNTY OF BRISTOL EDUCATION COMMITTEE

REPORT

of the School Medical Officer for the year ended
31st December, 1945.

INTRODUCTION

I have pleasure in presenting the thirty eighth Annual Report on the work of the School Health Service. Once again the report has been prepared in an abbreviated form.

The standard of nutrition and the general health and welfare of the school children of the city has been well maintained during the year. The effects of the school meals and milk service are reflected in the excellent results shown in the nutrition table in the statistical section of the report. Mr. Chitty, the Orthopaedic Surgeon, also comments on the benefits of improved nutrition in his encouraging report on the work of the Orthopaedic Clinic (Page 11).

Professor C. Bruce Perry, the Heart Specialist, in his report (Page 11) is able to record some good results of the work of the Cardio-Rheumatic Clinic. New cases coming forward have become fewer in number every year in recent years, the figures of new Rheumatic Heart and Chorea cases in 1945 being the lowest yet recorded in any year since the commencement of the Clinic.

The intensive campaign for immunisation against diphtheria has resulted in the figures of diphtheria cases showing an almost unbroken fall during the last six years, from 618 in 1940 to the very low figure of 46 in 1945 (Page 18). With continued efforts I think we may hope to be within sight of seeing this formidable disease completely overcome.

During the year, the Education Act of 1944 has been brought into operation. The medical provisions of the Act, especially those relating to handicapped children, undoubtedly mark a great step forward in the medical care of school children. All forms of medical treatment including in-patient and out-patient treatment in hospital, with the exception of domiciliary treatment, are now provided free to children attending schools maintained by the Local Authority. Any necessary appliances such as surgical shoes, spectacles etc., are now also supplied free and parents are thus relieved of much financial anxiety.

Negotiations were commenced with representatives of the local Voluntary Hospitals to decide the financial and other detailed arrangements regarding hospital treatment of school children. These negotiations were discontinued, however, as the arrangements were to be the subject of negotiations at a national level between representatives of the Hospitals Association and Local Authorities.

The close co-ordination between the School Health Service and all branches of the Health Department has been continued.

I should like to express my appreciation and thanks to Mr. Sylvester, Chief Education Officer and his staff, and to the teachers of Bristol, for their ready help and co-operation during the year.

R. H. PARRY.

STAFF.

The following staff changes have taken place during the year :—

Dental.

Mr. J. R. Gibson, L.D.S., B.D.S., R.C.S., (Eng.) was appointed temporary full-time Dental Surgeon on 13th August, 1945, and Miss E. C. Nickless and Miss J. M. Badman as temporary Dental Attendants from 30th April and 1st November, 1945 respectively.

Resignations were accepted from Mr. E. J. W. Evans, L.D.S., part-time Dental Surgeon on 15th July, and Mrs. G. A. Screen, Dental Attendant, on 31st March, 1945.

Nursing.

On the 2nd May, 1945, Miss L. M. Bendall was appointed Acting Matron of External Nursing Services, and Miss V. P. Bowler as Deputy, both appointments being classified as temporary in view of the current staffing policy of the Council.

Sister E. M. Thorne was released for service with U.N.R.R.A. on 5th February, 1945.

In accordance with the suggestion made in Board of Education Circular No. 1604, the following additional temporary appointments as Untrained Adult Helpers were made :—

Mrs. D. M. Dore—1st March, 1945.

Mrs. L. Clark and Mrs. H. Monks—29th October, 1945.

Mrs. G. M. Gerrard, Mrs. P. Palmer and Mrs. W. Knight—5th November, 1945.

Resignations were received during the year as follows :—

Miss W. Johnson, Matron External Nursing Service retired on the 14th June, 1945.

Mrs. D. Clifford part-time nurse in nursery schools and classes—1st November, 1945.

Mrs. B. F. Rutter and Mrs. H. Monks, Untrained Adult Helpers, 17th February and 24th November, 1945, respectively.

Child Guidance.

Miss M. I. Dunsdon, M.A., Senior Psychologist resigned on 31st December, 1945, having accepted a research post in connection with the University of London.

Mrs. J. Bodman, Senior Psychiatric Social Worker resigned on 30th November, 1945.

Dr. Frank Bodman, the Acting Director of the clinic, relinquished his post at the end of the year on the return from military service of the Director, Dr. R. F. Barbour.

MEDICAL INSPECTION.

A complete medical inspection was made during the year of 12,449 children attending the Committee's primary, secondary and grammar schools. The examination of children in the "second age group" which had been discontinued for economy reasons during the war has now been re-instated by the Ministry of Education and 1,122 children of this group were examined during 1945. The tables relating to these examinations will be found in the statistical section at the end of this report.

Nurses Inspections.

The number of sessions in schools given by the nursing staff to the nurses' survey was 1,225, the number of children surveyed being 49,537. Particulars of the results of the survey appear in the statistical section at the end of this report.

Uncleanliness.

The number of visits to schools made by the nurses during the year for the purpose of examining children was 2,087 compared with 2,052 in 1944. 136,161 examinations (including 4,045 re-examinations) having been made. The number of individual children found with verminous conditions during the year was 4,355 which is approximately the same as in the previous year,

The treatment and cleansing of children found to have varying degrees of verminous condition was carried out in all the clinics during the year; 2,547 individual children being treated and 8,826 attendances being made. The standard treatment with Lethane brilliantine was given in most cases as in previous years. The great majority of cases were not severe and quickly cleared up after treatment. A number of the badly infested children had to be excluded from school for short periods, though this was avoided as far as possible except where there was a danger to other children, as it was felt that in this way the cases were kept under control and treatment could quickly and conveniently be given.

A good many of the mothers are still at work of some kind but with the gradual return to more normal conditions it is hoped that efforts to deal with this problem will result in a considerable decline in the numbers of verminous cases.

Co-operation between nurses and heads of schools is very close and the valuable assistance given by teachers and child welfare officers is greatly appreciated.

Home Visiting.

During the year the number of visits for the purpose of "following up" defects, etc., was 3,703. Other visits in regard to uncleanness, etc., totalled 2,377.

TREATMENT.

The total number of attendances at the clinics during the year was 237,694.

Skin Clinics.

Scalp Ringworm. 32 cases of scalp ringworm were dealt with during the year, and all were treated at the Committee's clinics, 20 by X-Ray—12 otherwise.

The number of cases of scalp ringworm among school children diagnosed at minor ailment clinics during 1945 was 53. Twenty-one of these were, however, subsequently diagnosed by Dr. Bell at Central Clinic as not ringworm, leaving a net figure of 32. This compares with 38 in 1944, and 86 in 1943.

The cases treated by X-Rays in 1945 and the two preceding years are as follows :—

| | 1943 | 1944 | 1945 |
|-------------------------------|------|------|------|
| Primary and Secondary Schools | 47 | 8 | 19 |
| Nursery Schools ... | 1 | 1 | 1 |
| Total ... | 48 | 9 | 20 |

X-Ray Treatment.

Dr. F. Gower Bergin, who is in charge of this department, reports as follows :—

"There is nothing very fresh to report this year. There were more Bristol cases treated than in 1944 and also more cases from the surrounding counties.

All the cases were successful in epilation and there have been no return cases that I am aware of for several years now."

Body Ringworm.

During 1945, 263 cases of this disease amongst school children were under observation, of which 256 were treated at the school clinics. This compares with 262 cases in 1944 and 389 in 1943.

Impetigo. The school clinics treated 1,416 cases of impetigo during the year, a rapid cure being effected in all cases.

Scabies. The following table shows the number of scabies cases treated in 1945 and the two preceding years.

| Year | School cases | Cases under school age | Adults | |
|------|--------------|------------------------|--------|-------|
| | | | Women | Men |
| 1943 | 3,197 | 1,014 | 1,523 | 1,089 |
| 1944 | 2,321 | 702 | 1,846 | 679 |
| 1945 | 1,520 | 555 | 1,354 | 537 |

The number of scabies' cases dealt with during the year showed a considerable drop as compared with 1944; the total of school cases treated being approximately two-thirds of that of the previous year. The number is, however, much above the figure of the last pre-war year, but with the gradual return of more normal conditions it is anticipated that the number of cases will continue to decline.

Treatment with Benzyl Benzoate solution or Sulphur cream in the case of very young children was continued during the year and the disinfection of patients' personal clothing and bedding has been carried out as before. The treatment centres at Central Clinic, Marybush Lane and Southmead Hospital were in use throughout the year.

Eye Clinics.

Mr. R. R. Garden, M.B., Ch.B., D.O.M.S., the Committee's Ophthalmic Surgeon, reports as follows :—

" During 1945 a total of 3,816 school refraction cases attended the clinics, including 3,268 from Primary and Secondary, 506 from Grammar, 31 from Nursery schools and 11 from Special schools. Spectacles were not prescribed for 737 of the new cases, but a number of these children will attend for periodical observation. Altogether 2,070 pairs of spectacles were supplied by the appointed opticians, for school children examined through the Committee's scheme, and 1 by other opticians. In 2 cases the parents made their own arrangements for the examination and purchase of glasses.

The number of attendances at Clinics for the treatment of external eye diseases during 1945 was 4,719.

New squint cases numbering 218 and 544 from previous sessions (kept under observation or treatment), attended during the year. Of the new patients 144 were referred by the Maternity and Child Welfare Department and 18 attended from Nursery schools.

The work of the Orthoptic Clinic at the Eye Hospital has been carried on during most of the year on a part-time arrangement but a whole-time Orthoptist is now in charge of the department again. The clinic was closed for a time, during the year, after the resignation of the part-time Orthoptist and pending the appointment of her successor. The following table shows the work done at the clinic during 1945.

| | | |
|--|--------|-----|
| Total number of cases examined for the first time | ... | 17 |
| Total number of cases receiving treatment during the year | | 37 |
| Number improved | ... .. | 5 |
| Number receiving treatment twice weekly at the end of the year | ... .. | 11 |
| Total number of attendances during the year | ... .. | 266 |

In addition to the above, 91 squint operations on Bristol school children have been carried out during the year at Bristol Eye Hospital. A considerable amount of orthoptic work is carried out on such cases, both before and after operations. All receive a test for the purpose of having an estimate of the type and angle of the squint, and many have post-operative exercises to help in the cure."

Provision of Spectacles.

Glasses are supplied at contract prices through opticians appointed by the Committee. Particulars of numbers of spectacles supplied are given below.

| | |
|--|-------------|
| Spectacles obtained through school contract arrangements | 256 |
| Purchased by parents through school opticians | ... 1,814 |
| Purchased privately | 3 |
| | <hr/> 2,073 |

Defects of Nose and Throat.

The number of children found suffering from the above ailments was 1,516 of whom 756 received treatment. Operative treatment of enlarged tonsils and adenoids is performed at the various City Hospitals, 547 cases being so treated.

Aural Clinics.

Mr. Gordon R. Scarff, F.R.C.S. (E), the Aural Surgeon, reports as follows :—

" During the past year, the number of children suffering from aural defects attending the clinic was 267 (including 18 pre-school cases) of whom 149 were suffering from middle ear suppuration.

The treatment of middle ear suppuration is being carried out on the same lines as before—that is, dry cleansing of the ear followed by the insufflation of iodised boracic powder. Thirty-eight of the more chronic cases have been treated weekly by ionisation. In 14 cases the discharge has cleared up.

When there is any focus of infection in the nose or throat, these cases are referred to the various hospitals for treatment.

The number of chronic cases continues to be small ; 45 children were attending for treatment at the end of the year, of whom a small proportion were cases of recent suppuration.

School cases for diagnosis as to nose and throat conditions numbered 484 and 25 were also referred from the Maternity and Child Welfare Department."

Child Guidance Clinic.

Dr. Frank Bodman, the Acting Director reports :—

" During 1945 the Bristol Child Guidance Clinic has examined 454 new cases and 941 treatment interviews have been carried out. The service to the Juvenile Court has been continued.

During the year, one student has completed his training in the Psychological Department and in the Social Work Department an Australian student has put in one month's practical work.

An investigation has been carried out during the past year using a new test for Social Maturity. Papers have been published by members of the Clinic staff on play-therapy and upon phantasies of evacuated children.

The Clinic has been visited by American Child Psychiatrists and has been consulted by the Conference of Allied Ministers of Education and the Commanding Officer of a U.S. Labour Battalion.

At the end of the year Miss Dunsdon, the Senior Educational Psychologist resigned on her appointment to a research post at the Institute of Education.

At the end of the year the Acting Director handed over his responsibilities on the return of the Director, Dr. Barbour.

The Clinic's work was transferred to Thorpe Lodge, Cotham Side during the year. The additional space available has contributed to much smoother working of the Clinic."

Analysis of 418 cases during 1945.

| | | |
|--|--------|-----------|
| Behaviour disorders | ... .. | 154 |
| Habit disorders and physical symptoms | ... .. | 104 |
| Educational and vocational difficulties | ... .. | 86 |
| For special examination | ... .. | 44 |
| Nervous disorders | ... .. | 28 |
| Psychotic behaviour | ... .. | 2 |
| | | <hr/> 418 |
| Cases not yet classified—carried forward to 1946 | ... | 36 |
| | | <hr/> 454 |

Court examinations have numbered 202 during this present year and have been classified according to the particular type of behaviour disorder for which they have been referred.

Cases referred during 1945.

| | | | |
|---------------------|-----|-----|-----------------------|
| Education Authority | ... | ... | 110 |
| Juvenile Court | ... | ... | 202 |
| Parents | ... | ... | 80 |
| Hospitals | ... | ... | 33 |
| Other Agencies | ... | ... | 33 |
| G.P's. | ... | ... | 30 |
| <hr/> | | | |
| | | | 488—Bristol cases. |
| | | | 58—From outside city. |
| <hr/> | | | |
| | | | 546 |
| <hr/> | | | |

Cases closed during 1945.

| | | | |
|----------------------------|-----|-----|-----|
| Consultation | ... | ... | 306 |
| Supervision—satisfactory | ... | ... | 13 |
| Supervision—unsatisfactory | ... | ... | 12 |
| Treatment—improved | ... | ... | 88 |
| Treatment—I.S.Q. | ... | ... | 13 |
| Treatment—withdrawn | ... | ... | 3 |
| <hr/> | | | |
| | | | 435 |
| <hr/> | | | |

Dental Clinics.

Mr. W. H. B. Stride, L.D.S., Supervisory Dental Surgeon, reports as follows :—

“ The number of whole time dentists was increased to eight by the temporary appointment of Mr. Gibson in August. The panel of private practitioners continues to give a total of 15 sessions a week.

The number of primary, secondary and grammar school children inspected at school dental inspection was 32,183 and in addition 1,160 nursery school children were seen. Casual cases from primary secondary and grammar schools during the year were 3,010, and from nursery schools 182. The number of school children treated during the year was 19,485.

Particulars of the work done by the school dentists for mothers and young children under the joint scheme of the Education and Maternity & Child Welfare Committees are as follows :—

| | Mothers | | Pre-School children |
|-----------------|-----------|---------|---------------------|
| | Expectant | Nursing | |
| New cases ... | 844 | 158 | 707 |
| Attendances ... | 2,621 | 494 | 1,049 |

This occupied 295 sessions of the dentists' time.

Orthodontic Treatment.

Orthodontic work continues to increase and the sessions are very well attended, the parents being particularly anxious that the children should be allowed to receive treatment. School Inspections continue to show a large number of cases which need examination and advice by the Orthodontic Specialist. As in so many of these cases the children are found to need treatment it will shortly be necessary to arrange for more sessions by the Specialist to enable them to be dealt with.”

Attendances at the Orthodontic sessions were as follows :—

| | | | | | |
|---|-----|-----|-----|-----|-----|
| New cases | ... | ... | ... | ... | 282 |
| No. referred for treatment at Dental Hospital | ... | ... | ... | ... | 144 |
| No. referred for treatment at Central Health Clinic | ... | ... | ... | ... | 137 |
| X-Rays | ... | ... | ... | ... | 142 |
| Impressions | ... | ... | ... | ... | 303 |

Orthopaedic and Postural Defects.

Mr. Hubert Chitty, M.S., F.R.C.S., the Orthopaedic Surgeon, reports as follows :—

"A good many years have now elapsed since the Orthopaedic Clinic first came into existence and it is of interest to note some of the changes which have occurred during that time.

Despite the difficulties of the war years, children are much better clothed and shod than was the case twenty years ago. Their standard of cleanliness has vastly improved and so has their general physique.

School meals, better knowledge of infant feeding, facilities for obtaining milk and adequate supplies of vitamins have practically abolished the severe deformities caused by rickets.

Improved nutrition probably accounts also for the fact that the grosser degrees of adolescent spinal curvature are met with much less commonly than used to be the case.

School inspection weeds out other deformities when they are in an early and remediable stage, and there is not the slightest doubt that the greater care taken of children has already begun to pay a handsome dividend."

Chiropody Clinic.

Mr. L. Tasker, the Chiropodist, reports :—

"There was again an increased number of attendances during the year—the figures being 2,815 treatments, including 688 seen for the first time, against 2,115 and 416 for 1944.

Of the new cases, 557 were from Primary schools, 113 from Secondary and Grammar schools and 18 cases from the Maternity and Child Welfare Clinic Dept.

Verrucae, with 439 new cases, are still very prevalent and seem fairly evenly distributed throughout the various districts, no school appearing to have an exceptional number of cases.

The difficulty in obtaining childrens' shoes seems quite as great, if not actually worse than during the war and is responsible for many new foot troubles as well as hampering treatment of existing ones.

During the year about 20 cases were referred to the Orthopaedic Department for operative treatment or physico-therapy."

The following is a summary of treatments :—

| | <i>Primary</i> | | <i>Secondary & Grammar</i> | |
|-----------------------|----------------|--------------|--------------------------------|--------------|
| | 1st | <i>Other</i> | 1st | <i>Other</i> |
| Hammer toes ... | 15 | 50 | 1 | 5 |
| Metatarsalgia ... | 12 | 17 | 1 | 4 |
| Verrucae ... | 361 | 1,404 | 78 | 356 |
| Pes Cavus ... | 5 | 12 | — | 1 |
| Foot Strain... .. | 74 | 102 | 13 | 18 |
| Hallux Valgus Rigidus | 8 | 8 | — | 2 |
| Miscellaneous ... | 82 | 116 | 20 | 20 |
| | 557 | 1,709 | 113 | 406 |

Cardio-Rheumatic Clinic.

Professor C. Bruce-Perry reports :—

"The work of the Clinic has continued on the same lines as before. A slightly larger number of children was examined last year and there were nearly 100 more attendances. There has been an encouraging further reduction in the number of new cases of rheumatic heart disease and chorea found (18 as compared with 34 last year), and also in the cases, both new and old, with active infection necessitating institutional treatment (21 compared with 34 last year). Some of the children with rheumatic heart disease were selected as a group for the investigation of the value of continued administration of sulphonamide drugs as a means of preventing further rheumatic relapses. This research was carried out on behalf of the Medical Research Council and forms part of a study being made in various parts of the country. It is too early yet to report success or failure and the work is being continued this year."

**Summary of cases attending CARDIO-RHEUMATIC CLINIC 1945 including Primary, Secondary,
Grammar and Nursery Schools.**

| | No treatment or restriction | No treatment but restriction of games, etc. | Treatment and exclude from school | Institutional treatment | TOTAL | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------------|--|---|----------------------------|-------|-------------------------------------|-----|-----|-----|-----|-----|---------------------------|-----|-----|-----|-----|-----|------------------------|-----|-----|-----|-----|-----|-----------------------------|-----|-----|-----|-----|-----|
| NEW CASES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rheumatic Heart Disease | 5 | 3 | — | 8 | 16 | | | | | | | | | | | | | | | | | | | | | | | | |
| Chorea | — | — | — | 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| No Organic Disease | 132 | — | — | — | 132 | | | | | | | | | | | | | | | | | | | | | | | | |
| Congenital Heart Disease | 8 | 3 | — | — | 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| Various | 4 | — | 1 | 6 | 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 149 | 6 | 1 | 16 | 172 | | | | | | | | | | | | | | | | | | | | | | | | |
| RE-EXAMINATIONS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rheumatic Heart Disease | 279 | 60 | 5 | 6 | 353 | | | | | | | | | | | | | | | | | | | | | | | | |
| Chorea | 69 | — | 1 | 5 | 76 | | | | | | | | | | | | | | | | | | | | | | | | |
| No Organic Disease | 240 | 1 | 1 | — | 242 | | | | | | | | | | | | | | | | | | | | | | | | |
| Congenital Heart Disease | 67 | 23 | 7 | 1 | 103 | | | | | | | | | | | | | | | | | | | | | | | | |
| Various | 41 | — | 2 | 1 | 45 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 696 | 84 | 16 | 13 | 819 | | | | | | | | | | | | | | | | | | | | | | | | |
| <table> <tr> <td>No. of Individual children examined</td><td>...</td><td>...</td><td>...</td><td>...</td><td>596</td></tr> <tr> <td>No. of New cases for 1945</td><td>...</td><td>...</td><td>...</td><td>...</td><td>172</td></tr> <tr> <td>No. of Re-examinations</td><td>...</td><td>...</td><td>...</td><td>...</td><td>819</td></tr> <tr> <td>TOTAL NUMBER OF ATTENDANCES</td><td>...</td><td>...</td><td>...</td><td>...</td><td>991</td></tr> </table> | | | | | | No. of Individual children examined | ... | ... | ... | ... | 596 | No. of New cases for 1945 | ... | ... | ... | ... | 172 | No. of Re-examinations | ... | ... | ... | ... | 819 | TOTAL NUMBER OF ATTENDANCES | ... | ... | ... | ... | 991 |
| No. of Individual children examined | ... | ... | ... | ... | 596 | | | | | | | | | | | | | | | | | | | | | | | | |
| No. of New cases for 1945 | ... | ... | ... | ... | 172 | | | | | | | | | | | | | | | | | | | | | | | | |
| No. of Re-examinations | ... | ... | ... | ... | 819 | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL NUMBER OF ATTENDANCES | ... | ... | ... | ... | 991 | | | | | | | | | | | | | | | | | | | | | | | | |

Asthma Clinic.

D. E. E. Mawson, who is in charge of this Clinic, reports :—

“The Asthma Clinic has continued to be held every Wednesday during the year, except the last in the month when accommodation is not available.

The clinic serves a useful purpose because it divides cases of asthma into 3 groups :—

- (1) Those which will benefit by breathing exercises under Miss Wilson, the Speech Therapist.
- (2) Cases requiring bronchograms and transfer to the care of the Thoracic Surgeon.
- (3) Purely allergic cases which require investigation to ascertain the food or inhalant causing symptoms, followed by desensitisation in some cases or abstinence from an offending food in others. A co-operative mother is of great assistance in these cases.

There were 104 children seen and 189 attendances during the year, exclusive of mothers who have attended for interview without their children.”

Chest Clinic.

1,004 children were examined by the Tuberculosis Officer, of which 382 were old cases and 622 new. Of the latter, 23 were classified as definite pulmonary tuberculosis, 31 as cases of non-pulmonary tuberculosis and 568 as non-tubercular.

Mass Radiography.

Dr. E. E. Mawson reports :—

“Voluntary mass radiography of the chest for children of leaving age in the municipal schools is now firmly established, and accepted by a very high percentage of parents.

During the year, 4,029 children (2,354 boys and 1,675 girls) were x-rayed, including 3,386 school-leavers, 121 younger boys, and a whole school of 522 boys, which was specially surveyed on account of the discovery of a tuberculous contact in the school. The following is a summary of the results of further examination in those cases where some abnormality was suspected :—

- (a) As far as pulmonary tuberculosis is concerned :—

43 cases not calling for any attention.

1 case (previously detected) requiring to resume dispensary treatment.

4 cases needing sanatorium treatment for a time.

9 cases requiring and receiving periodic observation in the Mass Radiography Department.

1 case which could not be persuaded to attend for clinical examination despite every effort on the part of the Mass Radiography Department, School Health Visitors and Tuberculosis Department.

58

- (b) As far as other conditions are concerned :—

24 cases not calling for further attention (including two cases of non-pulmonary tuberculosis, one of which had been previously detected).

1 case previously detected and already under hospital treatment.

1 case requiring and receiving periodic observation in the Mass Radiography Department.

26

The only instance of non-co-operation, in addition to the one boy referred to above, who refused clinical examination, were two girls who did not attend for examination by large x-ray.

A further 150 teachers have availed themselves of the miniature chest x-ray this year. Most of the direct grant schools in the city have also co-operated on behalf of their pupils, and 1,913 children (428 boys and 1,485 girls) of all ages from these schools have attended the unit during the year.

Although the percentage of abnormal cases found amongst school children is much lower than in surveys generally, the examinations are well worth while for they have found not only several sanatorium cases, but also many others where the trouble would probably have progressed if it had not been discovered before the children concerned were absorbed into employment. In this connection the department co-operates in regard to school leaving medical reports by notifying any chest condition which contra-indicates a particular type of employment for the child concerned. Apart from their medical significance, however, the surveys play a valuable part in health education by making young people mass radiography-minded at an impressionable age, as is apparent from the fact that juvenile employees in factories who were x-rayed as school leavers are volunteering in large numbers for repeat examination when the unit is operating at their place of work."

Artificial Sunlight Clinic.

During 1945, 343 children of school age and 34 children at nursery schools were given a complete course of artificial sunlight treatment. Full details of the cases are given below :—

| Defect | Primary & Secondary Schools | | | Nursery Schools | | |
|----------------------|-----------------------------|----------|------------|-----------------|----------|------------|
| | No. Treated | Improved | Stationary | No. Treated | Improved | Stationary |
| General Debility ... | 173 | 134 | 39 | 18 | 13 | 5 |
| Bronchitis ... | 30 | 26 | 4 | 3 | 2 | 1 |
| Coughs, etc. ... | 5 | 4 | 1 | 1 | 1 | — |
| Enlarged glands ... | 15 | 11 | 4 | 3 | 2 | 1 |
| Malnutrition ... | 34 | 23 | 11 | 3 | 2 | 1 |
| Other defects ... | 86 | 68 | 18 | 6 | 4 | 2 |
| | 343 | 266 | 77 | 34 | 24 | 10 |

School Speech Clinic.

Northern Area.

Miss D. Wilson, F.C.S.T., reports :—

"The work at Lime Tree House comprised seven sessions weekly:—five as class sessions, one for interviewing new cases or for examination of children by doctor, and one for writing.

The attendances for 1945 are as follows :—

| | New. | Old. |
|----------------------------------|------|-------|
| Stammerers | 14 | 436 |
| Speech Defects | 13 | 417 |
| Asthma | 8 | 344 |
| Asthma and Stammer | — | 42 |
| Asthma and Speech Defect | — | 4 |
| Stammer and Speech Defect | 4 | 559 |
| | 39 | 1,802 |

| | |
|---|----|
| Number of children on the register at the end of the year | 60 |
| Number of children on the waiting list at the end of the year | 40 |

Owing to illness, the clinic had to be closed from the Easter holiday until after the Whitsuntide break. The children attended well as soon as the clinic re-opened. Mothers had given good help to speech defect cases by keeping up the practice at home. Not such good progress had been maintained, however, by the asthmatics and stammerers and these cases were more in need of help. The fear of being transferred to the new clinics had increased their difficulties. End of term reports were not as good as usual but by Christmas the reports were very encouraging. The number of cases discharged was ahead of the previous year.

This centre serves districts as far apart as Southmead and Shirehampton and mothers find the long journeys difficult. There is still a large waiting list, in spite of the vast amount of work done by Miss Cooke in her districts. It has been impossible in the number of sessions given to cope with the waiting list or to devote two sessions a week to asthmatics and stammerers, which is the number of sessions advised for these cases."

Dr. Irving-Bell, Medical Officer to the Speech Clinic, reports :—

“ I have been impressed by the progress shown in the majority of children with asthma and speech defects following Miss Wilson’s relaxation and speech training therapy.”

Southern Area.

Miss Cooke, L.C.S.T., reports :—

“ Of the 656 cases referred by Heads at my school survey as being in need of treatment for speech defects or vocal disorders, 107 were primarily selected for treatment, 87 being new and 20 having had previous treatment.

Of the total number of selected cases 51 were discharged during the year and 56 were still due for attendance on December 31st.

Of the former number :—

- 6 were discharged relieved (*i.e.* achieved normal speech).
- 9 were suspended owing to ill-health, transport difficulties or the need for other types of treatment.
- 20 ceased attendance for various reasons.
- 12 refused treatment.
- 1 was re-admitted to Miss Wilson’s clinic.
- 3 subsequently did not need treatment.

Of the 107 cases mentioned, 38 were stammerers, 2 had stammers in addition to speech defects ; and 67 were classified as speech defects, although 4 of these were cases of vocal disorder (*i.e.* dysphonia, or hoarse voice).

The latter condition also occurred in a number of the above cases where stammering or articulation defects were already present.

Children attend once weekly, speech therapy clinics being held at Verrier Road and Broadfield Road Clinics.

It is usually necessary for children to attend for at least six months, the period of treatment often being considerably prolonged owing to neurological or psychological conditions or to some organic defect, such as cleft palate.

Heads of schools were invited to give their opinions on the progress of 50 children who had made 12 or more attendances, from May to December.

Reports were received on 45 children as follows :—

| | | | | |
|--------------------------------|-----|-----|-----|----|
| Marked improvement in speech | ... | ... | ... | 17 |
| Moderate improvement in speech | ... | ... | ... | 15 |
| Slight improvement in speech | ... | ... | ... | 7 |
| No improvement in speech | ... | ... | ... | 4 |
| Unclassified | ... | ... | ... | 2 |

Where little or no improvement is made in speech this is generally due either to the child’s mental or emotional condition or to lack of home co-operation.

Almost invariably regular attendance at the speech therapy clinic is rewarded by a great improvement in self-confidence. This is often accompanied by improvement in school work and in general behaviour. Speech may be the last element to show improvement and may vary considerably in home, school and clinic according to the emotional background of the child concerned.

The co-operation of Heads of schools as well as of parents plays an important part in the success of the treatment since daily practice is essential for satisfactory results.”

SPECIAL SCHOOLS.

Schools for Educationally Subnormal Children.

The Committee maintains three schools for educationally subnormal children ; a day school in Bristol for boys and girls, a residential school at Malmesbury for girls and junior boys and a residential school at Purton for senior boys.

The number of children on the registers at the end of the year is as follows :—

| | <i>Boys</i> | <i>Girls</i> | <i>Total</i> |
|--|-------------|--------------|--------------|
| Carlton Park Day Special School Bristol | 89 | 80 | 169 |
| Eastcourt House Residential School, Malmesbury | 12 | 27 | 39 |
| “ The Cedars,” Purton, Wiltshire ... | 19 | — | 19 |

Open Air Schools.

Debilitated and physically defective children in need of open air treatment are accommodated at the day Open Air school at Novers Hill, Bristol and at the Residential Open Air school at New Place, Porlock, Somerset. The residential school at Higher Woodcombe, Minehead, was closed on 31st March, 1945, the children still requiring open air treatment being transferred to Porlock.

The number of children on the registers at the end of the year is as follows :—

| | <i>Boys</i> | <i>Girls</i> | <i>Total</i> |
|-----------------------------------|-------------|--------------|--------------|
| Novers Open Air School : | | | |
| Debilitated children (including | | | |
| asthma cases) | 23 | 31 | 54 |
| Physically defective children ... | 25 | 21 | 46 |
| New Place, Porlock : | | | |
| Debilitated children (including | | | |
| asthma cases) | 11 | 16 | 27 |
| Physically defective children ... | 5 | 1 | 6 |

Schools for Deaf and Partially-sighted Children.

During the war, the deaf and partially-deaf and the partially-sighted children were evacuated to residential schools outside Bristol. These schools, however, closed on the 16th and 21st December, 1944, and the children were transferred to Shirehampton, Bristol—the school re-opening there in January, 1945.

The number of children on the registers at the end of the year is as follows :—

| | <i>Boys</i> | <i>Girls</i> | <i>Total</i> |
|---------------------------------------|-------------|--------------|--------------|
| Partially-deaf children | 1 | 2 | 3 |
| Deaf children (including 2 girls from | | | |
| other authorities) | 17 | 22 | 39 |
| Partially-sighted children | 18 | 10 | 28 |

In addition to the above the following handicapped children were being maintained in Residential Special Schools on 31st December, 1945.

Epileptic Children.

| | <i>Boys.</i> | <i>Girls.</i> | <i>Total.</i> |
|---|--------------|---------------|---------------|
| Lingfield Epileptic Colony, Surrey | 1 | — | 1 |
| Chalfont Epileptic Colony, Bucks | 1 | — | 1 |
| Maghull Epileptic Colony | 1 | 1 | 2 |

Educationally Sub-normal Children.

| Monyhull Colony, Birmingham | 1 | 1 | 2 |
|---|---|---|---|
| Littleton House, Cambridge | 1 | — | 1 |
| Sheephatch Residential School | 1 | — | 1 |
| Besford Court Residential School, Worcester ... | 6 | — | 6 |

Blind Children.

| Westbury Blind School, Bristol | 8 | 8 | 16 |
|---------------------------------------|---|---|----|
| Sunshine Home, Leamington Spa | 1 | — | 1 |

Deaf Children.

| Mary Hare Grammar School for Deaf Children ... | — | 1 | 1 |
|--|---|---|---|

Maladjusted Children.

| Rudolph Steiner School, Camphill | 1 | — | 1 |
|---|---|---|---|
| Pewsey Residential Hostel | 1 | — | 1 |

Delicate Children.

| St. Patrick's Open-Air School, N. Wales ... | — | 2 | 2 |
|---|---|---|---|

Physically Handicapped Children.

| Heritage Craft School, Chailey | 1 | — | 1 |
|---------------------------------------|---|----|----|
| Winford Hospital School. | | | |
| Heart Cases | 6 | 11 | 17 |
| Orthopaedic Cases | 9 | 5 | 14 |

NURSERY SCHOOLS AND CLASSES.

There are now six nursery schools in the city with an accommodation of 830, Downend Nursery having been recognised by the Ministry of Education as a nursery school. In addition there are six war-time day nursery classes with accommodation for 340, and 35 schools which have nursery and baby classes for the accommodation of 1,640 children between the ages of three and five.

Details of medical inspections in nursery schools and classes during the year are as follows :—

| | | | <i>Routine Exams.</i> | <i>Re-exams.</i> | |
|--|-----|-----|---------------------------|------------------|-----|
| Nursery Schools | ... | ... | 306 | 1076 | |
| Nursery Classes | ... | ... | 764 | 811 | |
| Number of Special Inspections and Re-Inspections | | | ... | ... | 649 |

Classification of Nutrition.

| | Number of children inspected | "A" (Excellent) | | "B" (Normal) | | "C" (Slightly subnormal) | | "D" (Bad) | |
|-----------------|------------------------------|--------------------|------|-----------------|------|-----------------------------|------|--------------|---|
| | | No. | % | No. | % | No. | % | No. | % |
| Nursery Schools | 306 | 93 | 30.4 | 177 | 57.8 | 36 | 11.8 | — | — |
| Nursery Classes | 764 | 267 | 34.9 | 407 | 53.3 | 90 | 11.8 | — | — |

Treatment of Minor Ailments.

| | |
|--|-------|
| No. of defects treated in clinics and at schools and classes | 7,346 |
|--|-------|

Treatment of Defective Vision and Squint.

| | | | | |
|---|-----|-----|-----|----|
| Errors of Refraction (including squint) | ... | ... | ... | 31 |
| No. of pupils for whom spectacles were | | | | |
| (a) Prescribed | ... | ... | ... | 16 |
| (b) Obtained | ... | ... | ... | 16 |

Dental Inspection and Treatment.

| | | | | |
|---|-----|-----|-----|-------|
| No. of pupils inspected by the Dentist— | | | | |
| Routines | ... | ... | ... | 1,160 |
| Specials | ... | ... | ... | 182 |
| Total | | | | 1,342 |
| No. found to require treatment | ... | ... | ... | 555 |
| No. actually treated | ... | ... | ... | 332 |
| Attendances for treatment | ... | ... | ... | 431 |
| Extractions—temporary | ... | ... | ... | 464 |
| Fillings—temporary | ... | ... | ... | 79 |
| Administrations of general anaesthetics for extractions | ... | ... | ... | 241 |
| Other operations—temporary | ... | ... | ... | 88 |

INFECTIOUS DISEASE.

The number of cases of diphtheria occurring in children of school age during the year was 46 as compared with 189 in 1944, and 2 deaths from this disease were reported. There were 2 cases of cerebro-spinal fever as compared with 12 in 1944.

Immunisation Against Diphtheria.

The campaign commenced two years ago to obtain the immunisation of all Bristol children was continued during 1945. A large proportion of the children were found to have had an immunising course two years or more previously, and these were given the single "booster" injection.

During 1945, 1,867 children of school age received a full immunising course of inoculations against diphtheria.

The complete figures for the year are as follows :—

| | |
|---|-------|
| Number given full course of immunising inoculations | 1,867 |
| Number given a " booster " injection | 4,608 |

As a war-time measure the routine schick-testing of children who received a course of inoculations has been discontinued,

It is interesting to note that diphtheria cases amongst school children in Bristol have been reduced in the last few years, from 618 in 1940 to 46 in 1945.

Diphtheria cases amongst school children.

| | | | | | |
|------|-----|-----|-----|-----|-----|
| 1940 | ... | ... | ... | ... | 618 |
| 1941 | ... | ... | ... | ... | 233 |
| 1942 | ... | ... | ... | ... | 187 |
| 1943 | ... | ... | ... | ... | 152 |
| 1944 | ... | ... | ... | ... | 189 |
| 1945 | ... | ... | ... | ... | 46 |

PHYSICAL EDUCATION.

Mr. J. Mc. A. Milne, Chief Organiser of Physical Training, reports :—

"The cessation of hostilities, and the return of a number of men teachers from the Forces, have stimulated the interest in, and already improved, all physical activities both in and out of school.

The experimental work with apparatus for infants and juniors has been extended with very satisfactory results. The children always look forward with great pleasure to their lessons and the preliminary training and the use of fixed and portable apparatus has undoubtedly increased their self-reliability, confidence, and lightness to a marked degree.

Two refresher courses for Infant teachers, and a swimming course for Junior, Secondary, and Evening Institute teachers have been held during the year, and a year's course for prospective teachers of ballroom dancing and a 2-years course for prospective teachers of recreative physical training (women) were started in September.

Modern dance has been extended and is now included in the curriculum of most of the girls' secondary schools.

The standard of swimming has been maintained during the war years and I look forward to the day, which should not be far distant, when every boy and girl in the secondary schools will have a weekly lesson both in Summer and Winter. During the past three years at least 70% of those leaving school have been able to swim.

Play Centres for school children and Games Centres for youths and adults were held during the summer months on eight of the Committee's playing fields and the number of evening recreative physical training classes was increased during the winter months."

PROVISION OF MEALS.

The development of the meals service has continued steadily, and at the end of the year approximately 1,650 children were receiving free meals, and 15,300 on payment. Additional kitchens and dining rooms have been opened, and 43 kitchens were supplying meals to all types of schools at the end of the year. Plans have been formulated for further kitchens and dining rooms to meet the considerable expansion of the service which is contemplated.

While the demand for meals during school holiday periods has not been great, facilities have continued to be made available where necessary.

246,975 free dinners were supplied during the year as compared with 219,173 in 1944. The number of meals supplied on payment was 2,069,130.

Milk in Schools.

A return taken in October 1945, showed that 74% of the children in primary and secondary schools were receiving milk either free or on payment. 324,762 bottles of milk were supplied free and 10,974,000 on payment during the year.

CO-OPERATION OF PARENTS.

The number of parents present at primary and secondary school medical inspections was 6,474 (75.2%), compared with 5,379 (69.4%) last year.

EMPLOYMENT OF CHILDREN.

The Employment of Children Inspector reports :—

“During the year there were 1,509 cases of infringement of the Children and Young Persons Act, 1933, and Bye Laws made in pursuance thereof :—

| | | | | | |
|---|-----|-----|-----|-----|-------|
| By employers | ... | ... | ... | ... | 848 |
| By parents | ... | ... | ... | ... | 600 |
| By street traders | ... | ... | ... | ... | 8 |
| Prosecutions, Final Notices, Refusals, etc. | ... | ... | ... | ... | 53 |
| | | | | | <hr/> |
| | | | | | 1,509 |
| | | | | | <hr/> |

These were dealt with as follows :—

| | | | | | |
|-------------------------------|-----|-----|-----|-----|-------|
| Warned | ... | ... | ... | ... | 1,456 |
| Final Notices | ... | ... | ... | ... | 15 |
| Prosecutions : | | | | | |
| Taken | ... | ... | ... | ... | 4 |
| Not recommended by Town Clerk | ... | ... | ... | ... | 1 |
| Employment Cards : | | | | | |
| Refused | ... | ... | ... | ... | 32 |
| Revoked | ... | ... | ... | ... | 1 |
| | | | | | <hr/> |
| | | | | | 1,509 |
| | | | | | <hr/> |

During the year 425 children between the ages of 13 and 14 years were registered for employment, 1 licence issued and 2 renewed for street trading by young persons between 16 and 18 years of age.

Public Entertainments.

One application for licences for children to take part in local pantomime was refused, and 10 licences were granted by outside authorities for children to take part in public entertainments under the Children and Young Persons, Act, 1933.

2,298 children were granted permission to take part in 56 entertainments given for charitable purposes and 1 application in respect of 11 children was refused.”

Medical Treatment of the Pre-School Child.

The following cases were dealt with during the year :—

| | | | | | | |
|--------------------------------|-----|-----|-----|-----|-----|-------|
| Eye Disease | ... | ... | ... | ... | ... | 95 |
| Ear Disease | ... | ... | ... | ... | ... | 206 |
| Skin diseases | ... | ... | ... | ... | ... | 605 |
| Minor Ailments | ... | ... | ... | ... | ... | 159 |
| Aural Surgeon's cases | ... | ... | ... | ... | ... | 46 |
| Eye Specialist's cases | ... | ... | ... | ... | ... | 243 |
| Heart Specialist's cases | ... | ... | ... | ... | ... | 4 |
| Orthopaedic Specialist's cases | ... | ... | ... | ... | ... | 244 |
| Chiropody Clinic cases | ... | ... | ... | ... | ... | 18 |
| Various | ... | ... | ... | ... | ... | 286 |
| | | | | | | <hr/> |
| | | | | | | 1,906 |
| | | | | | | <hr/> |

STATISTICAL TABLES.

YEAR ENDED 31st DECEMBER, 1945.

TABLE I. MEDICAL INSPECTIONS OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A.—ROUTINE MEDICAL INSPECTIONS.

| | | | | | |
|-------------------------------------|-----|-----|-----|-----------------|--------|
| 1. Number of Inspections :— | | | | | |
| Entrants ... | ... | ... | ... | ... | 4,328 |
| Second Age Group ... | ... | ... | ... | ... | 1,122 |
| Third Age Group ... | ... | ... | ... | ... | 3,806 |
| | | | | Total ... | 9,256 |
| 2. No. of other Routine Inspections | | | | ... | 2,105 |
| | | | | Grand Total ... | 11,361 |

Inspections in Secondary Schools 1st. Jan—31st.
 March, 1945 1,088

B.—OTHER INSPECTIONS.

No. of Special Inspections and Re-Inspections ... 48,327

TABLE II. CLASSIFICATION OF THE NUTRITION OF PUPILS INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

| | Number of Pupils Inspected | A (Excellent) | | B (Normal) | | C (Slightly Subnormal) | | D (Bad) | |
|-------------------------------|----------------------------|---------------|-------|------------|-------|------------------------|-------|---------|------|
| | | No. | % | No. | % | No. | % | No. | % |
| Secondary Schools 1st Quarter | 11,361 | 3,388 | 29.82 | 6,990 | 61.53 | 972 | 8.56 | 11 | 0.09 |
| | 1,088 | 395 | 36.30 | 581 | 53.41 | 112 | 10.29 | — | — |

TABLE III. TREATMENTS.

GROUP I.—Treatment of Minor Ailments (excluding uncleanliness).

Total number of Defects treated or under treatment during the year under the Authority's scheme :—24,531

GROUP II.—Treatment of Defective Vision and Squint.

| | | | | Under the Authority's scheme |
|---|-----|-----|-----|------------------------------|
| Errors of Refraction (including squint) | ... | ... | ... | 3,765 |
| Other defect or disease of the eyes (excluding those recorded in Group I) | ... | ... | ... | 9 |
| TOTAL | | | | 3,774 |
| Number of Pupils for whom spectacles were | | | | |
| (a) Prescribed | ... | ... | ... | 2,038 |
| (b) Obtained | ... | ... | ... | 2,013 |

GROUP III.—Treatment of Defects of Nose and Throat.

| | | | | Under the Authority's Scheme. |
|-----------------------------------|-----|-----|-----|-------------------------------|
| Received Operative Treatment | ... | ... | ... | — |
| Received other forms of treatment | ... | ... | ... | 209 |
| Total Number treated | ... | ... | ... | 209 |

TABLE IV. DENTAL INSPECTION AND TREATMENT.

| | | | | |
|---|-----------------|--------|--------|--------|
| (1) Number of pupils inspected by Dentist— | | | | |
| (a) Routine age groups | ... | ... | | 32,183 |
| (b) Specials | ... | ... | ... | 3,010 |
| (c) TOTAL (Routine and Specials) | ... | | | 35,193 |
| (2) Number found to require treatment | ... | ... | | 24,539 |
| (3) Number actually treated | ... | ... | | 19,485 |
| (4) Attendances made by pupils for treatment | ... | ... | | 32,422 |
| (5) Half days devoted to :— | Inspection | ... | 265 | |
| | Treatment | ... | 3,204 | |
| | | TOTAL* | | 3,469 |
| (6) Fillings : | Permanent Teeth | ... | 13,463 | |
| | Temporary Teeth | ... | 875 | |
| | | TOTAL | | 14,338 |
| (7) Extractions : | Permanent Teeth | ... | 4,845 | |
| | Temporary Teeth | ... | 24,452 | |
| | | TOTAL | | 29,297 |
| (8) Administrations of general anaesthetics for extractions | | | | 12,289 |
| (9) Other Operations : | Permanent Teeth | ... | 4,884 | |
| | Temporary Teeth | ... | 887 | |
| | | TOTAL | | 5,771 |

* In addition 295 Sessions were devoted to the treatment of mothers and young children.

TABLE V. VERMINOUS CONDITIONS.

| | | |
|---|-----|---------|
| (i) Average number of visits per School Department during the year by School Nurses or other authorised persons | ... | 12 |
| (ii) Total number of examinations of pupils in the Schools by School Nurses or other authorised persons | ... | 136,161 |
| (iii) Number of individual pupils found unclean | ... | 4,355 |

TABLE VI. BLIND AND DEAF PUPILS.

| | 1 At a Maintained Primary or Secondary School | 2 At an Institution other than a Special School | 3 At no School or Institution |
|------------------|--|--|-------------------------------------|
| BLIND PUPILS ... | — | — | 2 |
| DEAF PUPILS ... | 4 | 1 | 5 |

TABLE VII. SUMMARY OF WORK DONE DURING 1945.

School Medical Officers :—

| | | | |
|---|-----|-----|--------|
| No. of Visits to Schools for routine inspection | ... | ... | 516 |
| No. of Children examined at Routine Inspection in Schools | ... | ... | 12,449 |
| No. of Re-examinations in Schools | ... | ... | 837 |

Dental Surgeons :—

| | | | | |
|--------------------------|-----|-----|-----|--------|
| No. of Children examined | ... | ... | ... | 33,343 |
| No. of Children treated | ... | ... | ... | 19,817 |

School Nurses :—

Cleanliness Survey.

| | | | | |
|--|-----|-----|-----|---------|
| No. of Visits to Schools | ... | ... | ... | 2,087 |
| No. of Examinations of Children | ... | ... | ... | 136,161 |
| No. of Homes Visited for uncleanliness | ... | ... | ... | 2,377 |
| No. of Homes Visited for " following-up " etc. | ... | ... | ... | 3,703 |

Preparation for Medical Inspection.

| | | | | |
|--------------------------|-----|-----|-----|--------|
| No. of Visits to Schools | ... | ... | ... | 513 |
| No. of Children prepared | ... | ... | ... | 14,386 |

TABLE VIII.

SCHOOL CLINICS.

| | <i>No. of Attend- ances.</i> | <i>Work.</i> |
|--------------------------------------|--------------------------------------|---|
| Central Health Clinic - | 56,882 | Inspection clinic work ; treatment of minor ailments ; asthma clinic ; ear, nose and throat clinic ; zinc ionisation ; dental treatment ; orthodontic treatment ; refraction work ; X-ray treatment of ringworm ; treatment of scabies cases ; orthopaedic clinic ; remedial exercises ; electrical treatment ; massage and foot treatment. |
| Hotwells Treatment Centre | 1,115 | Treatment of minor ailments. |
| Marybush Lane Clinic - | 1,414 | Scabies treatment. |
| Bedminster Health Centre | 47,265 | Inspection clinic work : treatment of minor ailments ; ear, nose and throat clinic ; dental treatment and refraction work. |
| South Bristol Baths Clinic- | 7,208 | Treatment of minor ailments. |
| Knowle Casualty Station - | 14,376 | Treatment of minor ailments. |
| Broadfield Road Clinic - | 206 | Treatment of minor ailments. |
| Speedwell Health Centre | 27,432 | Inspection clinic work ; treatment of minor ailments ; ear, nose and throat clinic ; dental treatment and refraction work. |
| Verrier Road Clinic - - | 5,046 | Treatment of minor ailments. |
| Portway Clinic | 15,826 | Inspection clinic work ; treatment of minor ailments ; ear, nose and throat clinic ; dental treatment and refraction work. |
| Southmead Clinic - - | 26,937 | Inspection clinic work ; treatment of minor ailments ; ear, nose and throat clinic ; dental treatment and refraction work. |
| Carlton Park Special School - - - | 2,163 | Treatment of minor ailments. |
| Novers Open Air School - | 15,046 | Remedial exercises and massage ; treatment of minor ailments. |
| Chest Clinic - - - | 2,451 | Chest Ailments. |
| Cardio-rheumatic Clinic - | 1,025 | Cases of heart disease and acute rheumatic infection. |
| Artificial light Clinic - | 8,931 | Cases of anaemia and debility. |
| Child Guidance Clinic - | 1,254 | |
| Speech Clinic - - - | 2,851 | |
| Orthoptic Clinic - - | 266 | |
| Total Attendances | ... | ... 237,694 |

The number of attendances at the Central Health Clinic does not include 4,029 school children who availed themselves of the facilities offered by way of Mass Radiography.

TABLE IX. FINDINGS OF MEDICAL INSPECTION.

A complete medical inspection was made of 12,449 children during 1945. Defects requiring treatment or observation were as follows :—

| | Medical Inspection. | |
|--|---------------------|------------------|
| | For Treatment | For Observation. |
| Skin diseases | 27 | 1 |
| Defective Vision | 428 | 173 |
| Squint | 19 | 17 |
| External Eye Disease | 9 | 6 |
| Defective Hearing | 12 | 10 |
| Otitis media and other ear diseases | 11 | 5 |
| Enlarged tonsils | 50 | 117 |
| Adenoids | 22 | 38 |
| Enlarged tonsils and adenoids | 104 | 110 |
| Other nose and throat conditions | 54 | 49 |
| Organic heart disease | 35 | 17 |
| Functional | 18 | 10 |
| Anaemia | 5 | 43 |
| Rheumatism | 1 | 1 |
| Chorea | — | — |
| Orthopaedic and postural defects | 257 | 131 |
| Tb. Pulmonary definite | — | — |
| Tb. Pulmonary suspected | 12 | 7 |
| Tb. Glands | — | — |
| Tb. other forms | 45 | 12 |
| Malnutrition | 9 | 125 |
| For Milk and Meals etc. | 27 | — |
| Uncleanliness | 30 | 1 |
| Teeth | 401 | 56 |
| Other defect or disease | 274 | 187 |

TABLE X. NUTRITION.

The classification of nutrition of children seen at school medical inspection in the last 3 years is as follows :—

| | No. Inspected | A (Excellent) | | B (Normal) | | C (Sl.Sub.Nor). | | D (Bad) | |
|------|---------------|---------------|-------|------------|-------|-----------------|------|---------|------|
| | | No. | % | No. | % | No. | % | No. | % |
| 1943 | 8,118 | 1,544 | 19.02 | 5,781 | 71.21 | 783 | 9.65 | 10 | 0.12 |
| 1944 | 7,748 | 1,391 | 17.96 | 5,773 | 74.51 | 583 | 7.52 | 1 | 0.01 |
| 1945 | 12,449 | 3,783 | 30.38 | 7,571 | 60.82 | 1,084 | 8.72 | 11 | 0.08 |

TABLE XI. NO. OF CASES REFERRED FOR TREATMENT AND OBSERVATION FROM MEDICAL INSPECTION, ETC.

| | 1943 | 1944 | 1945 |
|---|--------|--------|--------|
| Routine Medical Inspection. | | | |
| No. examined | 8,118 | 7,748 | 12,449 |
| Referred for treatment for malnutrition | 3 | 14 | 9 |
| Recommended milk/meals | 6 | 2 | 27 |
| Recommended C.L.O.M., etc. | 4 | 1 | — |
| Recommended observation for malnutrition | 58 | 23 | 125 |
| Nurses' Survey. | | | |
| No. surveyed | 51,801 | 51,534 | 49,537 |
| No. referred to Clinic for malnutrition | 10 | 8 | 8 |
| No. advised to have milk at school | 1,056 | 954 | 1,610 |

TABLE XII. MALNUTRITION CASES SEEN AT CLINIC.

| | 1943 | 1944 | 1945 |
|--|------|------|------|
| No. of cases of malnutrition seen at Minor Ailment Clinics | 60 | 47 | 60 |

TABLE XIII. MILK AND MEALS.

| | 1943 | 1944 | 1945 |
|---------------------------------|---------|---------|---------|
| Free meals supplied | 146,925 | 219,173 | 246,975 |
| Free milk/meals supplied | 297,649 | 329,459 | 324,762 |

TABLE XIV. UNCLEANLINESS.

| | 1943 | 1944 | 1945 |
|---|-------|-------|-------|
| No. of individual children found with verminous heads | 5,051 | 4,360 | 4,355 |

TABLE XV. SCHOOL NURSES.

Following is a summary of the Nurses' Survey for the year :—

| | |
|---------------------------------|--------|
| No. of sessions | 1,225 |
| No. of children surveyed | 49,537 |
| No. with defects | 5,563 |

Of the cases with defects :—

| | |
|--|-------|
| No. already under treatment | 536 |
| No. referred to clinic doctor | 1,348 |
| No. referred to clinic Eye Specialist | 1,242 |
| Minor Ailments referred for treatment | 659 |
| Underweight children advised to have milk in school | 1,610 |
| Will attend own doctor or Hospital | 157 |
| Refusals | 11 |

Of the cases referred to Clinic Doctor :—

| | |
|--|-----|
| No. requiring treatment or observation | 905 |
| No. discharged—no treatment or observation required | 12 |
| No. already obtained treatment | — |
| No. failed to attend clinic | 431 |

1,348

The defects referred to Clinic Doctor requiring treatment, or to be kept under observation, were :—

| | |
|----------------------------------|-----|
| Skin | 183 |
| Scabies | 66 |
| Eye disease | 39 |
| Defective vision | 30 |
| Ear disease | 22 |
| Nose and Throat | 226 |
| Teeth | 2 |
| Lungs | 5 |
| Deformities | 36 |
| Malnutrition | 8 |
| Other defects or diseases | 288 |

905

The total number of visits to schools in respect of verminous conditions and general examination was 2,087 : 136,161 examinations (including 4,045 re-examinations) of children having been made.

APPENDIX XIII

REPORT
OF THE
MENTAL DEFICIENCY ACTS COMMITTEE

FOR THE YEAR

1945

CITY AND COUNTY OF BRISTOL

COUNCIL MEMBERS.

The Rt. Hon. The Lord Mayor (Alderman James Owen, J.P.)
Mrs. A. A. Nunn (*Chairman*).
W. Dancy, Esq. (*Vice-Chairman*).
Miss M. A. Badock.
F. J. Burgess, Esq.
Mrs. M. L. Deverell.
Mrs. D. P. Dobson, M.A., Litt.D., J.P.
Mrs. F. M. Harris.

NON-COUNCIL MEMBERS.

Mrs. D. L. Collins.
Mrs. J. Soames-Thomas, B.A.
Mrs. F. V. Underdown.
Mrs. G. N. Vicary, J.P.

Alexander Pickard Esq., C.B.E., *Town Clerk*.
E. M. Tapson Esq., F.S.A.A., F.I.M.T.A., *City Treasurer*.
R. H. Parry, Esq., M.D., B.S. (Lond). F.R.C.P., D.P.H., *Medical Officer of Health*.

OFFICERS OF HORTHAM COLONY.

John F. Lyons Esq., L.R.C.P., & S.I., D.P.H., D.P.M., *Medical Superintendent*.
G. de M. Rudolf Esq., M.R.C.P., M.R.C.S., D.P.H., D.P.M., *Visiting Psychiatrist*.
John Fellows Esq., F.H.A., *Steward*.
Miss Margaret E. Hogarth, *Matron*.
Rev. L. S. Tull, *Acting Chaplain*, (Church of England).
Rev. O. Ayres, *Chaplain*, (Non-Conformist).
Rev. Father K. Kenny, *Chaplain*, (Roman Catholic).

CONSULTING STAFF.

R. R. Garden Esq., M.A., M.B., Ch.B., D.P.H., D.O.M.S., Lond.
G. R. Scarff Esq., M.B., Ch.B., F.R.C.S., Edin.
H. M. S. Chitty Esq., M.B., M.S., Lond., F.R.C.S., Eng. L.R.C.P., Lond.
J. A. Nixon Esq., C.M.G., B.A., M.D., Camb., F.R.C.P., Lond.

MENTAL DEFICIENCY ACTS, 1913-1938.

In pursuance of Article 12 of the Mental Deficiency Regulations the appended report on the work of the Council under the above Acts for the year ended 31st December, 1945, is submitted.

Part I deals with Hortham Colony Certified Institution.

Part II deals with the domiciliary work connected with defectives carried out by the Medical Officer of Health.

Part III contains a Statement of Accounts for the year ended 31st March, 1946.

A. PICKARD,

Town Clerk.

THE COUNCIL HOUSE,
BRISTOL.

June, 1946.

PART I.

HORTHAM COLONY.

To the Chairman and Members of the Mental Deficiency Acts Committee :

Madam Chairman, Ladies and Gentlemen,

I have the honour to submit my report for the year ended 31st December, 1945.

| | <i>Adults.</i> | | <i>Children.</i> | | <i>Total</i> |
|---------------------------------|----------------|-----|------------------|-----|--------------|
| | M. | W. | B. | G. | |
| Number of patients resident ... | 225 | 220 | 144 | 102 | 691 |
| " " " on licence ... | 65 | 63 | 6 | 7 | 141 |
| " " " at hospitals | 4 | 7 | — | — | 11 |
| " " " absconded | 10 | — | — | — | 10 |
| | 304 | 290 | 150 | 109 | 853 |

| | M. | F. | Total |
|---|-----|-----|-------|
| Number of Bristol patients resident ... | 192 | 150 | 342 |
| " " " " on licence ... | 40 | 34 | 74 |
| | 232 | 184 | 416 |
| Number of Out County patients resident | 177 | 172 | 349 |
| " " " " " on licence | 31 | 36 | 67 |
| | 208 | 208 | 416 |

MOVEMENTS OF PATIENTS DURING THE YEAR.

| | M. | F. | Total. |
|--|----|----|--------|
| Admitted | 44 | 55 | 99 |
| Discharged and removed | 19 | 30 | 49 |
| Written off books whilst on licence | 13 | 21 | 34 |
| Deaths | 11 | 7 | 18 |
| Removed to Mental Hospitals | — | — | — |
| Discharged—By Board of Control | 1 | 4 | 5 |
| By operation of law | 9 | 5 | 14 |
| Section 15 Order withdrawn | 4 | 2 | 6 |
| Licence withdrawn | — | 2 | 2 |

Health of Patients.

The first mass X-ray examination for the detection of tuberculosis, which was commenced at the end of last year, was completed in April and June of this year, when 159 patients were examined.

| | | |
|---|--------|-----|
| No. of patients examined, including 547 last year | ... | 706 |
| No. of patients found to be suffering from active tuberculosis | ... | 4 |
| No. of patients found to be suffering from quiescent, old standing tuberculosis | ... .. | 2 |

In October this year a repeat mass X-ray examination was carried out on all patients at the Colony.

| | | |
|--|--------|-----|
| No. of patients examined | ... .. | 685 |
| No. of patients found to be suffering from active tuberculosis including 4 positive from first examination | ... .. | 7 |

The health of the patients has been very satisfactory. There has been little serious illness and no epidemics. Isolated cases of mild dysentery have occurred and 15 patients who have previously suffered from dysentery were found to be carriers as a result of the routine examinations which are carried out every three months on all those who have suffered from this disease.

All new admissions have had an X-ray for the detection of pulmonary tuberculosis within a short time after admission.

Twenty-four patients were admitted to Southmead Hospital for surgical and medical treatment and 15 X-ray examinations were carried out there. Two patients were admitted to Ham Green Hospital suffering from diphtheria.

Five hundred and forty-three bacteriological specimens were examined at the University of Bristol Laboratory at Canynge Hall.

Licence.

| | | | |
|---|-----|-----|-----|
| No. of patients on licence at end of year 1945 | ... | ... | 141 |
| No. of patients granted licence during the year | ... | ... | 54 |
| No. of patients written off the books whilst on licence | ... | ... | 34 |
| No. of patients returned from licence during 1945 | ... | ... | 26 |
| 22 of whom were from licence granted during previous years. | | | |
| 4 of whom were from licence granted during current year. | | | |
| Of the 26 patients returned from licence during 1945— | | | |
| 7 were from Hostels. | | | |
| 7 were from Employers. | | | |
| 12 were from Parents. | | | |

Reasons for return were :—

| | Major fault of patient. | Trivial fault of patient. | No fault of patient. |
|------------|----------------------------|------------------------------|-------------------------|
| Male ... | 2 | 2 | 6 |
| Female ... | 2 | 9 | 5 |

No patients discharged under Board of Control Circular 850 were returned during the year.

Twenty-seven patients were discharged during the year—

| | M. | F. | Total |
|-------------------------------|----|----|-------|
| Board of Control—Circular 850 | 1 | 4 | 5 |
| Operation of law ... | 9 | 5 | 14 |
| Section 15 Order withdrawn | 4 | 2 | 6 |
| Licence withdrawn ... | — | 2 | 2 |

The decrease in the number on licence from 151 to 141 at the end of this year is accounted for by the fact that a number of patients have been written off the books whilst on licence.

School.

Average daily attendance for children has been 120.

Adult classes have been held on two afternoons each week for instruction in reading and writing. This instruction is carried on in Lodge classes.

Four of the staff of the Bristol Occupation Centre have received a short course of instruction in the training of low grade patients.

The staff of the school has been at full strength throughout the year apart from short periods of absence due to illness.

On the recommendation of the Board of Control the school staff now have Saturday free.

Workshops.

All through the war years, the workshops have been kept going owing to the foresight of the Steward who has managed to keep stocks well up.

While training in the workshops seldom leads to employment in a trade outside, it is an interesting form of occupation for the high grade patients and has a stabilising effect.

Had it not been for the output of clothing and footwear in the workshops, our difficulties would have been much greater during the war years.

Daily Work (outside the Colony).

The number of patients going out to daily work on farms locally has shown a big increase this year. At the height of harvesting season up to 130 patients were sent out daily. This year, for the first time, female patients were sent out to work on farms in charge of a Nurse.

Farm.

Much of the weeding, and potato picking has been done this year by parties of female patients. This has allowed of more male patients being available for work outside the Colony.

Recreation.

Weekly cinema performances, afternoon and evening, from January to March and October to December, have been arranged.

Lotto Drives, which are a new innovation, and Dances have been included in the weekly programme of entertainments.

The Cricket team has had a match each Saturday against a visiting team, during the season.

The female hockey team of staff and patients also had games against visiting teams. Mixed hockey matches, in which staff and male and female patients take part, have been held regularly.

An all-day programme of entertainments of sports, dances and a bonfire each night, were provided on V.E. and V.J. days.

Scouts and Guides.

The Scouts had a holiday camp from 9th to 16th July at the Scouts Camp at Penpole, near Bristol. The time in the camp was made very enjoyable by the Scout Master and his Assistant, who provided an interesting and varied programme. The camp was inspected on two occasions by the Scout Commissioner, Mr. Milligan, who expressed great satisfaction with the way everything was done.

The Girl Guides were in Camp at Brean Down from 26th May to 2nd June. The weather was not too good but they managed to overcome this difficulty and had an enjoyable time.

The Guide Commissioner, Miss G. Jenkinson, visited the Colony and inspected the troop on 26th June.

Maintenance.

It has only been possible to carry out urgent maintenance work owing to the difficulty in obtaining materials. It has not been possible to do any painting or decorating for several years but a start is being made on this early next year.

Visits.

Dr. H. C. Devas, Commissioner of the Board of Control, and Miss M. McFarlane, Inspector of the Board of Control, visited the Colony on 9th and 10th July, 1945. A copy of their report has been circulated to members.

Lectures.

Lectures and demonstrations on mental deficiency have been given to medical students and social workers from the Bristol University, and to the nurses taking the course in Public Health training under the Medical Officer of Health.

Staff.

The Rev. C. Feneley resigned his post as Nonconformist Chaplain in September for health reasons, and the Rev. F. C. Walmsley (Church of England Chaplain) who had been finding it difficult to find time for Sunday services at the Colony, decided to resign at the same time.

Both these Chaplains, who had been with us for many years, were very interested in the work and it was with regret that we parted with them.

Dr. J. Faull, who acted as Visiting Medical Officer for 5 years, relinquished his post on Dr. G. de M. Rudolf's return from service. I wish to thank him for the valuable assistance he gave me while he was attending here.

Returns from the Services.

Dr. G. de M. Rudolf—Visiting Psychiatrist.
 Mr. J. Reid—Charge Male Nurse.
 Mr. A. Mills, B.E.M.—Stores Porter.
 Mr. B. Bidwell—Male Nurse.
 Mr. A. Curtis—Stores Porter.
 Mr. W. Gingell—Charge Male Nurse.

Three female Nurses obtained the certificate of the Royal Medico-Psychological Association in mental nursing.

Two female Nurses were successful in the preliminary part of the R.M.P.A. certificate.

The application of the Rushcliffe Committee's recommendations has not made nursing for females more attractive as far as this Colony is concerned, and it was only by calling on them to work overtime that it was possible to have even the minimum of staff on duty.

The position has been better in the case of male staff largely owing to the return from Service, and it has been possible to carry on with little use of overtime.

I have to thank you Madam, Ladies and Gentlemen, for the helpful assistance you have given me by your interest in and understanding of the work of the Colony. I would also like to express my appreciation to all members of the staff for the way they have worked in the interest of their patients.

J. F. LYONS,
Medical Superintendent.

HORTHAM COLONY,
 ALMONDSBURY,
 NR. BRISTOL.

PART II.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

To the Chairman and Members of the Mental Deficiency Acts Committee.

I have the honour to submit the following report on the domiciliary work of the Committee under the Mental Deficiency Acts, 1913-1938, for the year ended the 31st December, 1945.

ADMINISTRATIVE ARRANGEMENTS.

The administrative arrangements for the discharge of the Council's duties under the Mental Deficiency Acts, 1913-1938, apart from the control of Hortham Colony and the collection of contributions towards patient's maintenance, continue to be carried out by specially appointed officers under the supervision of the Medical Officer of Health.

ASCERTAINMENT.

The new cases which the Local Authority were called upon to deal with during 1945 under the Mental Deficiency Acts, were :—

| <i>Number</i> | | <i>Source of Information.</i> |
|---------------|-----|-------------------------------|
| 83 | ... | Local Education Authority. |
| — | ... | Social Welfare Committee. |
| 2 | ... | Police. |
| 14 | ... | Miscellaneous. |
| — | | |
| 99 | | |
| — | | |

These cases were dealt with as follows :—

| | | |
|----|-----|----------------------------|
| 23 | ... | Sent to institutions. |
| 43 | ... | Placed under supervision. |
| 2 | ... | Placed under guardianship. |
| 31 | ... | No action taken. |
| — | | |
| 99 | | |
| — | | |

In addition, on the 31st December, 1945, there were 219 educationally sub-normal children in attendance at Special Schools under the control of the Local Education Authority.

The number of defectives on the 31st December, 1945, who were ascertained by the Council as being subject to be dealt with or who might become subject to be dealt with was 1,481 exclusive of the 219 in Special Schools, an increase of 32 on the previous year.

SUPERVISION.

On the 31st December, 1945, the number of cases under supervision was 660, compared with 651 for the year 1944.

GUARDIANSHIP.

On the 31st December, 1945, the number of cases under guardianship was 106, the same number as in 1944.

LICENCE.

At the beginning of the year there were 119 patients on licence and during the year 52 licences were issued. 56 licences were withdrawn. The number of patients on licence on December 31st, 1945, was 115.

DISCHARGES.

During the year 30 mental defectives were discharged from Order, and 35 discharged from supervision. The numbers for the previous year were 40 and 21 respectively.

DEATHS.

There were 16 deaths among the institution, guardianship and supervision cases during the year, compared with 18 for 1944.

OCCUPATION CENTRES.

The following classes were held :—

| | | | Sessions per week. | Daily average attendance. |
|---------------------------|-----|-----|-----------------------|------------------------------|
| Adult Male | ... | ... | 5 days | 17 |
| Juvenile and Intermediate | ... | ... | 5 days | 31 |
| Low-grade juvenile | ... | ... | 5 days | 11 |
| Adult female | ... | ... | 5 half days | 8 |

The attendance at the Occupation Centre is consistently maintained at 67 daily, the number of attendees being regulated by the availability of transport and accommodation. There is ample evidence that parents recognise the value of the training given at the Centre and its beneficial effects on the children.

For patients who are unable to attend at the Centre, a system of home training is now being tried out, and while it is too early to claim success for the experiment the first results have been most promising.

Enquiries have also been made as to the possibility of introducing an improved form of teaching for mental defectives. The Professor of Education at the University has been asked to submit recommendations, which will probably result in the establishment of a specialised course of lectures for teachers in Occupation Centres. The teachers are anxious to effect any improvement in the training, and for this purpose the Committee made arrangements during the year for each teacher to attend for a month at Hortham Colony and at Stoke Park Colony.

The Committee have decided that as soon as supplies are available the Centre should be reorganised and redecorated throughout.

MEDICAL INSPECTION.

The medical inspection and treatment of defectives attending the Occupation Centre is carried out through the clinics and hospitals attached to the Health Services of the City.

INSTITUTIONAL CARE.

672 patients were chargeable to the local authority in institutions, of which total 115 were absent from the institutions on licence, compared with 655 and 119 during the previous year.

R. H. PARRY, M.D.

Medical Officer of Health.

DEPARTMENT OF PUBLIC HEALTH,

BRISTOL, 1.

June, 1946.

PART III.

Statement of Accounts for year ended 31st March, 1946.

EXPENDITURE.

| | | | | | | |
|--|-----|-----|-----|-----|--------|---------------|
| MAINTENANCE AT HORTHAM COLONY. | | | | | | £ |
| Salaries, wages, etc. | ... | ... | ... | ... | ... | 25,822 |
| Provisions | ... | ... | ... | ... | ... | 12,672 |
| Clothing, Inmates' and Staff Uniforms | ... | ... | ... | ... | ... | 3,828 |
| Drugs, Medical and Surgical Appliances | ... | ... | ... | ... | ... | 796 |
| Fuel, Light and Water | ... | ... | ... | ... | ... | 6,738 |
| Cleaning Materials and Laundry Wages | ... | ... | ... | ... | ... | 1,476 |
| Furniture, Bedding, Linen and Hardware | ... | ... | ... | ... | ... | 2,539 |
| Repairs to Buildings | ... | ... | ... | ... | ... | 1,917 |
| Transport and Travelling | ... | ... | ... | ... | ... | 504 |
| Printing, Stationery, Postage and Miscellaneous | ... | ... | ... | ... | ... | 2,002 |
| Rents, Rates, Insurance, Income-Tax Sch. A. and War Damage Contribution | ... | ... | ... | ... | ... | 2,979 |
| | | | | | | <hr/> 61,273 |
| Loan Charges | ... | ... | ... | ... | ... | 11,773 |
| | | | | | | <hr/> £73,046 |
| MAINTENANCE AT OTHER INSTITUTIONS. | | | | | | £ |
| At Institutions under Orders | ... | ... | ... | ... | 14,743 | |
| By Guardianship under Orders | ... | ... | ... | ... | 4,910 | |
| Removal and other Expenses | ... | ... | ... | ... | 151 | |
| | | | | | | <hr/> 19,804 |
| OCCUPATION CENTRES | ... | ... | ... | ... | ... | 3,871 |
| SUPERVISION AND GENERAL EXPENDITURE | ... | ... | ... | ... | ... | 3,256 |
| TOTAL EXPENDITURE | | | | | | <hr/> £99,977 |

INCOME.

| | | | | | | |
|--|-----|-----------------------------------|-----|-----|-------|-------------|
| HORTHAM COLONY. | | | | | | £ |
| Occupational training—surplus | ... | ... | ... | ... | ... | 435 |
| Superannuation Deductions | ... | ... | ... | ... | ... | 682 |
| Rents | ... | ... | ... | ... | ... | 231 |
| Miscellaneous | ... | ... | ... | ... | ... | 185 |
| Patients' Earnings (proportion) | ... | ... | ... | ... | ... | 1,805 |
| | | | | | | <hr/> |
| Ministry of Health | (a) | Grant re Nurses Salaries | ... | ... | 3,500 | |
| | (b) | Claim for Protective Works | ... | ... | 1,066 | |
| | (c) | Maintenance of Emergency Cases | ... | ... | 1,102 | |
| | | | | | | <hr/> 5,668 |
| War Damage Commission | ... | ... | ... | ... | ... | 200 |
| | | | | | | <hr/> 9,206 |
| OCCUPATION CENTRE | ... | ... | ... | ... | ... | 146 |
| MAINTENANCE OF CASES. | | | | | | |
| Other Local Authorities | ... | ... | ... | ... | ... | 36,894 |
| Contributions under Voluntary Agreements, etc. | ... | ... | ... | ... | ... | 1,794 |
| Expenses of Certificates etc., recovered | ... | ... | ... | ... | ... | 55 |
| | | | | | | <hr/> |
| TOTAL INCOME | | | | | | £48,095 |
| | | | | | | <hr/> |
| NET EXPENDITURE | | | | | | £51,882 |

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